M	IKB. Every item of infor- IYSICIANS should state statement of OCCUPA-
ING	CTLY. PH
FOR BIND	IS A PERMA stated EXA properly class ertificate.
MARGIN RESERVED FOR BINDING	H UNFADING INK-THIS vapplied. AGE should be ain terms, so that it may be See instructions on back of c
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ECORD. Every item of information should be farefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(205-9)
County Carray	Registration Dist, No
Village or City Janey Color	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in only or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Daralus & Banka	ard
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Month) (Day) , 193 4 (Year)
a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
(01) We Dankard	a Mar 2 his the 1934
DATE OF BIRTH (month, day, and year) 21 1 10, 1895	I last saw h Age alive on Mar 2 5 Th 19,3 4; death is sain
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.23 d.m.
38 6 15 1 day,hrs.	THE FRICE AL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Charles & Bull and Date of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1924
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7000
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) Occupation	
74. A	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) (State or pountry)	
No.	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 4 ALCH DUALS ABLE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME u dla lovelnool 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data Lut. Date of injury March 5, 19, 34
(State or country)	Where did injury occur? Smiths Bakens James Tow Md
INFORMANT Mrs Surelas & Y. Surkanlo	(Specify city or fown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Danly m	I Inhistry -
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury fell in the of mill my -
Place X Frank June 19 Min 28 , 1937	Nature of injury Constuff fund and Dauld =
9. UNDERTAKER POLITICAL AND A	24. Was disease or injury In any way related to occupation of deceased?
(Address) Janey Am	It so, specify Working 9t 9 my my my -
10. FILED March 25, 193 x / Dry B. Allt	(Signed) M. M.
a le u Restrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	BY	PHYSICIAN
---------------------------------	-----------	----	-----------

	CORD. Every item of infor- PHYSICIANS should state act statement of OCCUPA.	Village or Length of re	Carroll Cinnear Winfi	death occurred	(l	Registration Dist. No. 2	Warmber)	
		(a) Reside	ence: No	(Usual place o	 f abode)	St., Ward. If nonresident give city or town and St	1-10	
	RECO.	PERSO	NAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	-10	
C	Y. Y.	3. SEXMale	4. COLOR OR RACE White		IED, WIDOWED, (write the word)	21. DATE OF DEATH March 16, I (Month) (Day)	193.4	
BINDING	EXACTLY classified.	5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 1934-3-16				22. I HEREBY CERTIFY. That I attended decaased likely /6 1934, to Weh, /6 1934 death in last saw hum alive on Mich, /6 1934 death in 1934 deat		
FOR I	IS A P stated properly	7. AGE Ye	Months assign or particular	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	daath is s	
RESERVED	INK—THIS E should be it it may be on back of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 10. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked et this occupation (month and spent in this			e (years)	Undereloped 6/2/100mlh Zoelus		
	NFADING I pplied. AGE erms, so that instructions of				Other Coutributory Causes of importance:			
MARGIN	UNFA supplied n terms, ee instru	13. NAME Edward A. Barnes, 14. BIRTHPLACE (city or town) Carroll Co.,				Name of annuling		
	H	(State or country) Maryland				Name of operation Date of What test confirmed diagnosis? Was there an auto		
INLY, WIT be carefull; EATH in pli		E (city or town) Carr	enn , oll Co., land.		23. If death wes dua to extarnal causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occur?			
	PLA hould OF D	17. INFORMANT Edward A. Barnes, (Address) R. F. D. #6. Westminster, Md. 18. Burial, CREMATION, OR REMOVAL Place Bethel Cemty oata March 17,1934			,Md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE		
					h 17,1934	Manner of injury		
S. No. 1	B.—WRITE mation s CAUSE TION is	19. UNOERTAKER(Address)	6. M. Hall	Smd.		24. Was disease or injury In any way related to occupation of daceased?	0	
>.	z (T)	20. FILEO 2 -/	X 1984 6	Live	Registrar.	(Address) Man Windson Ma	M.	
		3-1-	7-34 If more	blanks are needed, add	363	(Address) Lew Windson Jug 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset
1 week ago
1 week ago
3 days ago
1 year
_

V. S. No. 1

(Signad)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	ll ll	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	191	STATE OF MARYLAND—	CERTIFICATE OF DEATH	15.17
	state UPA-	1. PLACE OF EATH	940	174
		County Carroll	Registration Dist. No. / 💆	
1)	should of OCC	Village or City Lassaclon	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	= 0	Length of residence in city or town where death occurred 69 yrs		
	Every CIANS ement	2. FULL NAME John & Brehen		
		(a) Residence: No. 7 La Maellon W (Usual place of abode)	If nonresident give city or town and	State
7	KECORD . PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	C Y. By	3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 6. OR DIVORCED (write the word) Willow	21. DATE OF DEATH 30 (Month) (Day)	, 193 (Year)
DING	IANEN A C T I issified	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Eccuse B. Breker JECCOM	1 HEREBY CERTIFY, That I attended to	deceased from
BIND	E X cla	6. DATE OF BIRTH (month, day, and year) 7/25-1864	Hast saw hater alive on Chorch 30 1, 19 34	r; death is said
	0. 2	7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 1130 A.m.	
FOR	IS A I stated proper	69 8 5 1 day,hrs. or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	HE I be b be b	8. Trada, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Augura PEatoris	3/29/34
VED	ould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	/	
ESER	INK S sh t it on	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation corupation.		
2	NFADING plied. AGE rms, so that instructions	12. BIRTHPLACE (city or town) Meor Consaellow.	Other Cantributory Causes of importance:	-
GIN	eAI ied. ns, stru	(State or country) More ford,		
AR		13. NAME Cob HERU	leone and	terre
M	y sul ain t	(State or country)	Name af operation Data of Data of Was there an a	utopsy? 40
			23. If death was dua to external causes (VIOLENCE) fill in also the following	
	INLY, W be carefu EATH in important	15. MAIDEN NAME Eva Jasen 16. BIRTHPLACE (city or town) Lemmany	Accident, suicide, or homicide? Date of injury	, 19
	NE De C	(State or country)	Whera did injury occur? (Specify city or town, county and State	ie)
	PIO	17. INFORMANT dela J. Stepher (Address) lessestementes ted. RD, 4.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
	Shou E OF is ver	18. BURIAL, CREMATION, OR REMOVAL Place Lesses Currelles Jose Ar. V. 1934	Manner of injury	
		Place Allatus Lucieng Date Comments, 1954		110
No. 1		19. UNDERTAKER Jasaucus Heise Med	24. Was disease or injury in any way related to occupation of decaased?	<i>A</i> u .
7/2	- T	20. FILED 3/3/ 13/6/7/2000	(Signed)	M. [
-	"	Registrar./	(Address) (Address)	All A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 wock ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

W)	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
7	I RECORD. EV	Y. PHYSICIA	Exact statem	
MARGIN RESERVED FOR BINDING	PERMANENT	d EXACTL	rly classified.	cate.
SRVED FOR	K-THIS IS A	hould be state	may be prope	back of certifi
RGIN RESI	NFADING IN	plied. AGE s	rms, so that it	nstructions on
• MA	LY, WITH U	carefully sup	TH in plain te	portant. See i
fo. 1	-WRITE PLAIN	mation should be	CAUSE OF DE	TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	MARYLANL	-CERTIFICATE OF DEATH
County Carroll		Registration Dist. No. 82
Village or Citynear, Mt. Airy		
		(If death occurred in a hospital or institution, give its NAME instead of street and number)
		mosds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Garfield		
(a) Residence: No. near, N	(Usual place of abode)	St., Ward.
PERSONAL AND STATISTICA		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWE	
Male Black	OR DIVORCED (write the word Single	March - 24 194
5e. If married, widowed, or divorced HUSBAND of	DINGIC	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I ettanded decaased from
		many 24/2 34 to Meh 24, 1934
6. DATE OF BIRTH (month, day, and yeer) 7884	-2-17	1 last sew harman Meek 2 4, 19 34; daath is sai
7. AGE Years Months	Days If LESS the	de la constant de la
50 1 1	7	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
Virada, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc La		Clerce aleskalism
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc Lake work wes dona, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at this occuration (month) and	porer,	(Found dead in led)
work wes dona, as SILK MILL, SAW MILL, BANK, etc.		
10. Dete deceased lest worked at	11. Total time (years)	Tolers.
this occupation (month end yaar)	spent in this occupation	a musing
12. BIRTHPLACE (city or town) Carroll	Co	Other Contributory Causes of impudance
(State or country) Maryland		102
I I3. NAME Samuel T. Broy	m.	
T	rick Co.,	Nama of operation None Date of
(State or country) Mary		w/ · 7
		Whet tast confirmed diagnosis? ———————————————————————————————————
15. MAIDEN NAME Emma Dixo	11 Co	Accident, suicide, or homicide?
(Stata or country) Maryl:	and	Where did Injury occur?
17. INFORMANT Virgie Brown	2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
17. INFORMANT VIRGLE Brown (Address) R. F. D Mt. Airv		Openity whether injury securing in INDOSTRY, in HOME, of in Public PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury None
Place Mt. Zion Cemty. Da	teMarch-26-19]	Natura of Injury
19. UNDERTAKER 6. M. Waltz	,	24. Was diseasa or injury in any way related to occupation of deceased?
	md,	If so, specify
20. FILE May 26 1934 Min 2	Accorder	(Signad) (M) In Torle MI
ZU, FILEMO, 190	Registra	
If more blank	are needed, address State Regis	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	E. DIL	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	S.1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

H	S	TATE O	F MAR	YLAND-		2549
1	County Carro		Mary		Derculosis Sanatorium Lored Branch 23 Registration Dist. No. 74	ù m
		city or lown where de	ath occurredC) yrs. 6 mos	No. (above) St., I death occurred in a horpital or institution, give its NAME instead of street and n 20 ds How long in U.S. if of foreign birth? yrs. mo	umber)
1	(a) Residence: No.	Bryantow	utler n, Char (Usualplace	les Co.,	M&, Ward. If nonresident give city or town and	State
1	PERSONAL A	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		or or race	s. single, Mar or pivorce Sing	RIED, WIDOWED, O (write the word) Le	21. DATE OF DEATH March 8, 1934 (Month) (Day)	, 193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			- 54	1010	22. 1 HEREBY CERTIFY, That I sttended Aug., 16, 1935, to March 8, 1	deceased from
	DATE OF BIRTH (month, d		C., 24	1910	to have occurred on the date stated above, at 5.50 P. M.	., 404111 19 3414
1.		Months		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7	8. Trede, profession, or	2	12	ormin.	Pulmonary Tuberculosis Date of	
OCCUPATION	kind of work done SAWYER, BOOKKI	e, as SPINNER, EEPER, etc in which	armer			
OCCU	work was done, as SAW MILL, BANK 10. Date deceased last we this occupation (myear)			ime (years) nt in tunknow upation	h	March 1933
12	z. BIRTHPLACE (city or town (State or country)	Bryan Marvl	town		Other Contributory Causes of importance:	-
ER	13. NAME		rd But	ler		
FATHE	14. BIRTHPLACE (city or (State or country)	town) Bryan	town		Neme of operation Date of Was there an a	autopsyzico.
2				ood	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Lucy Smallwood 16. BIRTHPLACE (city or town) Bryantown (State or country) Maryland			town		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Md.			111, M.	D.	(Specify eily or town, county and Star Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
1	18. BURIAL, CREMATION, OR REMOVAL TILL Dete Man, 9, 193			ar, 9,193	Manner of injury Nature of Injury	
1	19. UNDERTAKER Hegy Alon Jane (Address) Sykpanille Mis.			nes.	24. Wes disease or injury in any way related to occupation of deceased?	no
2	20. FILED 3/8/34 19 Thu E. Oniece.			nour.	(Signed) Thur Golden	M. D.

Deputy Local Registrar.

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Verry low

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	ECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-	
FOR BINDING	IS A PERMANEN	stated EXACTL	properly classified.	certificate.
MARGIN RESERVED FOR BINDING	N. B.—WRITE LAINLY, WI'H UNFADING INK-THIS IS A PERMANEN ECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE LAINLY,	mation should be car	CAUSE OF DEATH	TION is very import

STATE OF MARYLAND	CERTIFICATE, OF DEATH
1. PLACE OF DEATH	
County and	Registration Dist. No.
Village Dr City Mew Jemisson	NoSt.,Ward
Length of residence in city or town where death occurred A yrs. A mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. Howlong in U.S. if of foreign birth?
(V) and Colling worth	Va when 1 3
2. FULL NAME AND CONSIDER	Carvough
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Africe the word)	21. DATE OF DEATH HATCH 29 193 4 (Year)
5a. If married, widowed, or divorced BUSBAND of Corp. WIFE of William A Castong	22. J. HEREBY CERTIFY. That I attended deceased from July 187, 1934, to March 296, 1934
6. DATE OF BIRTH (month, day, and year) Sune 28 1833	I last saw h W alive on March 287, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
74 9 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wego as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Gerei ma & Stomach and 1932
9. Industry or business in which work was done, as SILK MILL. At home	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
IN and OR Pa	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Company) (State or country)	arterio Selvoso 1931.
13. NAME Jacob Tymey	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME NOT KNOWN	23. If death was dua to extarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mor Known	Accident, suicide, or homicide? Dete of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Party of afteringle	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DE REMOVAL	Manner of injury
Place HIMLET Chillegoate Mar 3-1, 1931	Natura of injury
19. UNDERTAKER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24. Was diseasa or injury in any way related to occupation of seceased? NO
20. FINO Parch 29 34 Oran & Bereafter Registrar.	(Signed) Striling Hally M. D. (Address) MIN IN MAN NO TO MAN.
Registrat.	The state of the s

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		ALL CONTROL AND	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) W

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	[]	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial ncphritis	1921	Run over by street car	1 week ago
Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Pon The D	111491,1020	Ousi venter tuo	1 year

MARGIN RESERVED FOR BINDING TH UNFADING INK-THIS IS A PERMANEN

V. S. No. 1

Intor	state	UPA.	
10 11	pinou	000	
110	30	of	
5. WHILE LAMINE, WITH ONE ADING THE ALL HIS IS A LEARNEN EVERY HER OF IMOF	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
200	. PH	Exact	
4	LY		- 1
THE WIND	XACT	classified	
4	H	rly	ate
IN CA	stated	prope	certific
211	pe	pe	Jo
	should	it may	TION is very important. See instructions on back of certificate.
5	VGE	that	o suoi
		80	ucti
S TATO	applied	terms	instr
1	y S	ain	Se
	full	Id r	ıt.
4 9	are	Hin	rtai
1	pe (AT	mpo
	Pl	DE	ry i
	hou	OF	vel
777	n s	SE	N is
AT AL	atic	AU	IOI
!	H	0	I
4			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2002)
County Court	Registration Dist. No. 75
Village or City Lineston	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Junton, such	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RICE 5. SINGLE, MARRIED, WIDOWED, OR DWORCED (write the word)	21. DATE OF DEATH Wav 22 1934 (Month) (Dey) (Year)
5e. If marriad, widowed, or divorced HUSBAND of 6. O. Survey	22. HEREBY CERTIFY, Thet I ettended deceased from 20, 1934, to War 22, 1934
6. DATE OF BIRTH (month, day, end year) aug - 19-1844	I last saw her elive on Lucar 20, 1934; deeth is sald
7. AGE Years Months Days If LESS then I dey,hrs.	to heve occurred on the date stated abova, at 230 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Carcinoma 9 face 1915
Name of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, atc 10. Data dacaasad lest worked et this occupation (month end yaer) 11. Totel time (years) spant in this occupetion	
12. BIRTHPLACE (city or town) (Stete or country)	Dther Contributory Causes of importance:
13. NAME Me Walley	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Nema of operation Date of What test confirmed diagnosis? Phys Exam Was there an autopsy? Mo
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME Current (State or country) Current (Address)	23. If deeth wes due to externel ceusas (VIOLENCE) fill in elso the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Plece Lellysburg Date 3/25 1934	Menner of injury
19. UNDERTAKER JEW Ley Pork Jon (Address)	24. Was diseese or injury in any way related to occupation of decaesed?
20. FILED May. 23 , 1934 Mrs. P. S. Dennee Registrar.	(Signed) Washenner M. D. (Address) Warehester Md
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 7) S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		NO AND STATE OF THE PROPERTY O	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallslones	May 1,1923	Gastroenteritis	1 year

4 2 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	00000
=	County (ANOW ,)	Registration Dist. No.
Should of OCC	Village or City MOUT Thomas son	No. St., Ward
O = " o /	(IF	death occurred in a horpital or institution, give its NAME instead of street and number) A ds. How long in BSM of foreign birth?
Every CIANS ement	Length of residence in city of town where death occurredyrsmos.	The Last now long in a solid or lotely in the last solid o
CIA	2. FULL NAME John Marshall	x a serviced
SI SI	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Exact	2 SEX	21. DATE OF DEATH
PH PH	OR DEVORCED (write the word)	march (Month) (Oay) (Yeer)
IG EN	5a. If married, widowed, or divorced	(Month) (Oay) (Teel)
4 205	HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
BINDI EXA EXA y classi te.	Dat 10 - 1014	Jehnany, 18 7, 1934, 10 March 117, 19 30
BI E E Y y	6. DATE OF BIRTH (month, day, and year)	1 last saw h Make alive on March 11 7 , 19 34; death is said
FOR BI IS A PEl stated E properly certificate.	7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at
FOR IS A state prope	17 6 23 ormin.	were as follows:
- 70	8. Trade, profession, of particular kind of work dona, as SPINNER, Harmer SAWYER, BOOKKEPER, etc.	unisio servivase ung.190
(T)	kind of work dona, as SPINNER, Harmely SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
K-T K-t may	work was dona, as SILK MILL, Reliable SAW MILL, BANK, etc.	
70 %	To. Date deceased last worked et II. Total time (years) spant in this	
REST INGE ITHAT	year) occupation	Other Contributory Causes of importance:
2 4 6 6	12. BIRTHPLACE (city or town) All wudage of	of Cerebrue Almorrhage 3-10-
MARGIN UNFADI supplied. n terms, so	(State or country)	
NE NF oplii erm ins	13. NAME Narles a large las	h
MA M Sull n t	7 14. BIRTHPLACE (city or town) - Carlos College - March	Name of operation Dete of
III y	C Collection Collins of Collection Collectio	What lest confirmed diagnosis? Was there en au'opsy?
Wrring Wright	15. MAIDEN NAME Hary Engel	23. If death was due to external causes (VIOLENCE) fill in also the following:
Car,	5 16. BIRTHPLACE (city or town) My What was a start of Country)	Accident, suicida, or homicide?Oete of Injury, 19,
INLY, be car EATH	State of country)	Where did injury occur? (Specify city or town, county and State) Apecify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
LAI Ild DI	17. INFORMANT COMPANY OF THE STATE OF THE ST	Appetry whether injury occurred in INDUSTRI, in Home, of in Public PEACE.
S PLA Should OF D		Manner of injury
E H .	Place DO 7600 (Dags Date 760 193 X	- Nature of injury
-WRIT mation CAUSI	Q Dilati	24. Was disaasa or injury in any way related to occupation of deceased? 70 0
CAN	19. UNICERTAKER X A A A A A A A A A A A A A A A A A A	If so, specify 6411. U
B T	Ward 12 34 30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Student States, e. M. p.
s z	20 KM ED THE TENER Registrar.	(Address) / Trew Wondand, mil
	If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1	in the second		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN	
-------------------------	------------------	----	-----------	--

PHYSICIANS should state ECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANEN properly classified. BINDING TION is very important. See instructions on back of certificate. FOR MARGIN RESERVED -WRITE PLAINLY, WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be B.—WRITE V. S. No. 1

Length of residence in city or town where death occurred 15. yrs	1. PLACE OF DEATH		- P	02551
Village or City Length of residence in city or town where death occurred in Sys. mos. ds. How long in U.S. If of foreign birth? Length of residence in city or town where death occurred in Sys. mos. ds. How long in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No	County Caroll		Registration Dist. I	No. Tar
(a) Residence: No		7 /	NO. death occurred in a hospital or institution, give its NAME instea	
2. SEX 4. COLOR OR RACE S. SINCEL, MARRIED, WIDOWED, OR DVORCED (write this word) A Color of Worked or of divorced for) Wife of Cory	2. FULL NAME Jany	Newton Se Yu	St., Ward.	
Sa. If married, widowed, or divorced WUSAND of Corp. WIFE	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
6. DATE OF BIRTH (month, day, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than It day, hrs. of. min. 8. Trade, profession, or particular SAWOR R. Did done; east SPINNER, SAWOR R. Did do	m N	OR DIVORCED (write the word)	march	4 7/6 , 193 # Day) (Year)
1 last saw h. Last. elive on Man. 1934; death is sail to have occurred on the date stated above, at	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bulla A	des De Vines		
1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAYER, BODNKEPER, etc	6. DATE OF BIRTH (month, day, end year)	u. 11, 1856	I last saw h. Luc elive on Mak. H	, 19,3 4/2.; death is sald
8. Trade, profession, or particular and of work dome as SPINNER, SAWYER, BODKKEPER, etc 9. Industry or business in which sa SIK MILL, SAWYER, BODKKEPER, etc 10. Date deceased last worked et this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Picture of Injury Nature of Injury Na		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of in	nportance
Other Contributory Causes of Importance: Contributory Causes of Importance: Cont	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Hone	Drabeles	3 4/4
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION OR REMOVAL 18. BURIAL, CREMATION OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. Specify city or town, country and State) 11. INFORMANT (Signed) 12. Was disease or injury In any way related to occupation of deceased? 15. Was disease or injury In any way related to occupation of deceased? 16. Specify 17. INFORMANT (Signed) 18. Specify 18. Specify 19. Was disease or injury In any way related to occupation of deceased? 19. Where did injury 19. Where of Injury 19. Was disease or injury In any way related to occupation of deceased? 19. Was disease or injury In any way related to occupation of deceased? 19. Where did injury occur? 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Signed) M. Was there an au'opsy? 20. FILED Max. M. Was disease or injury In any way related to occupation of deceased? M. M.	- In a decapation (month and	spant in this		
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERT	12. BIRTHPLACE (city or town) (State or country)	KL:	Other Contributory Causes of Importance:	cet 6 w
What test confirmed diagnosis? Was there an au'opsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERT	13. NAME There. I S	eries	Name of a south	Detailed
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 19. UNDERTAKER (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury Manner	(State of country)	Md.		
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury 19. UNDERTAKER (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury 19. UNDERTAKER (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury (Signed) Manner of Injury Manner of Injury (Signed) Manner of Injury Manner	15. MAIDEN NAME Junio	Hadlow		
18. BURIAL, CREMATION OR REMOVAL Processor Realize Compare Muse 6, 1934 Nature of Injury 19. UNDERTAKER Symmetric States of the states of t	(State or country) 17. INFORMANT See	nd. Vries	Where did injury occur?(Specify city or town,	county and State)
19. UNDERTAKER New York In any way related to occupation of deceased? ND (Address) Sykewille Md. 24. Was disease or injury In any way related to occupation of deceased? ND If so, specify (Signed) MA Working M.	(Address) Suffer Vill 18. BURIAL, CREMATION OR REMOVAL Place Control Control Place Control P	e Md.		
20. FILEO/ NAV. 3 , 1927 W. WILLY	19. UNDERTAKER Here + Sor (Address) Syreavil	le Tha.	24. Was diseese or injury In any way related to occupation of	f deceased? ND
	20. FILED MAN. 3 , 1934 Q	Harry Heel Registrar.	Cel	tura M.D

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	J. 18 11 13
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(Q7)
County Carroll	Registration Dist. No. 75
Village or City Manchester	ND. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME LOGISOLIS (1. E.	bough
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. WARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or-divorced,	21. DATE OF DEATH Way 7th 1934 (Year)
(Or) WIFE OF Jahn J. Ebaugh	22. HEREBY CERTIFY. That I ettended deceased from 1934, to was 7, 1934
6. DATE OF BIRTH (month, day, and year)	2 I last sew hew alive on Mean 2, 1934; death is soid
7. AGE Years Months Days If LESS than 1 day, hrs	more as tallows.
8. Trade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.	arteriosclerosis Dategioneet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9' Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (more) and	
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country) Manyland	
13. NAME World & Burns	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(Siete of Country)	Whet test confirmed diegnosis? They Exam. Was there an autopsy? Ho
15. MAIDEN NAME MANY Brunmel 16. BIRTHPLACE (city or town)	23. If death was due to externel causes VIOLENCE) fill In also the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT Wilbert Welgeres (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Monte March 10, 1939	Manner of Injury
19. UNDERTAKER Jacob Winks Sans	24. Was disease or injury in any way related to occupetion of deceased?
20. FILED Man. 7 1934 Mas Dr. R. S. Denness	(Signed) W. R. Dennell M. D.
Registrar.	(Address) Cauchesty My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	}}	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-Variou 1. PLACE OF DEATH plaous Registration Dist. No. County item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) narreed 5a, If marriad, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Months If LESS than to have occurred on the date stated above, at ... The PRINCIPAL CAUSE OF DEATH and related causes of importance or_____nin. were as follows: Date of onset 8. Trada, profession, or particular THIS OCCUPATION kind of work done, as SPINNER SAWYER, BOOKKEEPER, atc. of may back pluods 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, atc 10. Date deceased last worked at 11. Total time (years) this occupation (month and yaar) _____ occupation. instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis? carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: E DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT plnods (Address) OF 18. BURIAL, CREMATION, OR REMOV Manner of Injury CAUSE Nature of Injury 24. Was disease or injury in any way related to occupation of da UNDERTAKER (Address) so, specify Dal (Signed) 20. FILED. Registyar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. J. No.

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Yaar)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 9 4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state		STATE OF MARYLAND	CERTIFICATE OF DEATH (12000
		1. PLACE OF DEATH	
ould occu		County Cossolf	Registration Dist. No.
iten sho		Village or Gity Brand Valley (If	No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
NS NS		Length of residence in city or lown where death occurred	ds. How long In U.S. if of foreign blrth?yrsmos
Every CIANS ement		2. FULL NAME flan Suavil-4	ustimen
ECORD. Every PHYSICIANS xact statement		(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
RECO PH Exact		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A Y H	<	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
NEN CTI		5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fr
		(or) WIFE of	Janay 24 1934 to may 24 193
BIND ERMA EXA y class	e e	6. DATE OF BIRTH (month, day, end year) May . 24 34	I last saw h alive on, 19; death is sa
	certificate	7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, at 5.304.m.
FOR IS A Stated proper	T.	Still bosse 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Datestons
		kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	0,005
ERV VK—T should it may		SAW MILL, BANK, etc	Shill Borne man
IN IN IT	no	10. Date deceased last worked at this occupation (month and year)	0.4
RES ING I	instructions	Sec. 20 - 00-	Other Contributory Canses of Importance:
N Id . s	nct	12. BIRTHPLACE (city or town) (State or country)	RO FROM
RG FA	str		1 Jacoma On Marias Sill
MARGIN I UNFADI supplied.		H THE THE THE THE THE THE THE THE THE TH	Name of operation
	See	14. BIRTHPLACE (city or town) Should the fest (State or country)	What test confirmed diagnosis? Was there an autopsy?
WITTE Full pl		15. MAIDEN NAME Mabel of sent Ammying	23. if death was due to external causes (VIOLENCE) fill In also the following:
<u> </u>	important.	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
INLY, be cal	odu	S (State or country)	Where did injury occur?(Specify city or town, county and State)
	y in	17. INFORMANT CISCAU B. Furhman	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
E PLA Should OF D	very	(Address) 18. BURIAL, CREMATION, OR REMOVAL	
TE		Place St. Barthstandy Sate May 8.6. 1904	Manner of injury
-WRITE mation s	TION	ON SEHE	Nature of injury
C. M. M. C. A.	T	19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
S. No.		0. 26 200	If so, specify (Signed) T. Serves Webble o M
> z		20. FILED Clare 25, 1934, Calerus of Conternal	(Address) And Market Ma
			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc.

Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis C	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
V S I			
Other contributory eauses of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Cate of onset

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.

 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
------------	-------	-----	---------	------------	---------------	-----------

item of infor-	should state	of OCCUPA-	
ANENT ECC. Every	CTLY. PHYSICIANS	sified. Exact statement	
S IS A PERM	stated EXA	properly class	certificate.
-WRITE AINLY, WITH UNFADING INK-THIS IS A PERMANENT ECC. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH im plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
-WRITE	mation should	CAUSE OF D	TION is very

V. S. No. 1

STATE O	F MARYL	AND-CERTIFIC	CATE OF DE	ATH	uz560
DEATH rroll	Maryland	Tuberculosis S Colored Branch	. (44)	n Dist. No. 74	0 0 0 0 0
Henryton,	Md.	No.	(above)	St.	Ward

1. PLACE OF DEATH	Maryla		culosis S ed Branch	anatorium	tration Dist. No. 74	
County Carroll Village or City Henryto Langth of residence in city or town w		(lf yrs 6 mos	No. death occurred in a hor. death occurred in a hor. death occurred in a hor.	(above)	St.,	Ward
2. FULL NAME Franci (a) Residence: No.324 N.	s Melvin G Carrollto	n Ave.,	Balto., W	Id.	nresident give city or town	and State
PERSONAL AND STAT			MEI	DICAL CERTIFI	CATE OF DEATH	1
3. SEX 4. COLOR OR RACE Colored	5. SINGLE, MARR OR DIVORCED	ted, WIDOWED, (write the word)	21. DATE OF	DEATH Mar(ch 23, 1934	. , 193(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			Sept. 20	EREBY CER , 1933 ₁₉	TIFY, Thet I attand to March 23,	led decaased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month 20 6	14	1913 If LESS than 1 day,hrs. ormin.	to have occurred on The PRINCIPAL CA were as follows:	the date stated above, a	23, 1934 ₁₉ 4.30 A. M. ated causas of importance Puberculosi	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEPER, etc	Unknown 11. Total tir	Clerk me (yaars) tin this Unkno		Causes of importanca:		July 1933
(Stata or country) Ma	ltimore ryland orge Gentt		Other Contributory	Causes of Importance.		
14. BIRTHPLACE (city or town) Ba (State or country)	ltimore ryland				Data o	20
16. BIRTHPLACE (city or town) Ba (State or country) M8	ola Addisc ltimore ryland O'Neill, M		Accident, suicide, or Where did injury oc	r homicide?	ENCE) fill In also the following the country and fy city or town, country and RY, in HOME, or in PUBLIC	State)
(Address) Henryton 18. Burial, CREMATION, OR REMOVAL Place Health Calvey	0/4	6 ,1934				
19. UNDERTAKED STATES	Quilly	y	24. Wes disease or in	njury In any way related	to occupation of deceased?	no-
	puty Local more blanks are needed, a		(Signed)(Addres		Wang to	u zze

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

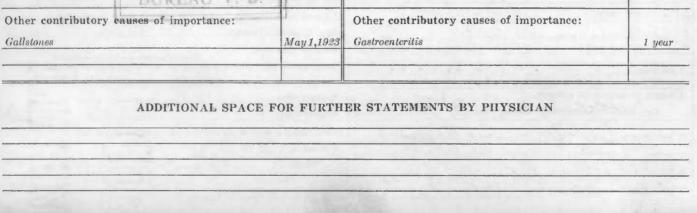
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arterioselerosis	RECEIVED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	APR 5 184	July 5,1927	Perilonitis	3 days ago		
	BUREAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		



STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
		Manuland Tuberculosis Sanatorium	

02561

Maryland Tube	rculosis Sanatorium
Color	od Dranch
County Carroll	Registration Dist. No. 74
Village or City Henryton, Md.	No. (above) St., Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number) 3 ds. How long in U.S. if of foreign birth?
2. FULL NAME Mack Harrison	
(a) Residence: No. 304 Hargrove Alley, Bal	timpre, Wal.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 16, 1934
Male Colored Married Married	March 16, 1934 ,193 (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Mary Harrison	Sept. 13, 1933 19 to March 16, 1934
6. DATE OF BIRTH (month, day, and year) Oct., 7, 1891	Hast saw h im alive on March 16, 1934, 19 ; death is said
6. DATE OF BIRTH (month, day, and year) OCC 9 7 1091 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.15 A. M.
1 day,-/hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance
42 5 9 ormin.	were as follows: Pulmonary Tuberculosis Date of onset
Trade, profession, or particular kind of work done, as SPINNER, Laborer	rulmonary ruber curosis
kind of work done, as SPINNER, Laborer SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and Time) and the spent in this premain.	Oct
work was done, as SILK MILL, Unknown	1933.
2 10. Date deceased last worked at 11, Total time (years)	
this occupation (month and Unknown spant in this nknown year)	
Boardman	Dither Coutributory Causes of Importance:
(State or country) North Carolina	
Evans Harrison	7
IInknown	Name of operation Date of
4. BIRTHPLACE (city or town) Virginia	What test confirmed diagnosis? Was there an au'opsy? 40.
	23. If death was due to external causes (VIDLENCE) fill in elso the following:
7	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Boardman (State or country) North Carolina	
(State of County)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION DR REMOVAL	Manner of injury
Place Hif Calvery Dar March 19,1931	Nature of Injury
19. UNDERTAKER BOB & Cvilliann	24. Was disease or injury in any way related to occupation of deceased? 200
(Address) / 5 / 5 MC Clabour 1	If so, specify
20. FILED 3/16/34 19 Jul @ Marie	(Signed) Mul Mell M. D.
20. FILED Deputy Local Registrar.	(Address) Struggton me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of OCCUPA.

	nty Carroll			Registration Dist. No. 74
Villa	age or City Springf			al No. Syke Sville, Md, St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
		ER J. HE		
		ashington (Usualplace	n Boul.,	Basttimor Ward. Maryland If nonresident give city or town and State
PE	RSONAL AND STATE	STICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Mal	e 4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCI Marri	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If marrie HUSBA (or) W		Doner		22. I HEREBY CERTIFY, That I attanded dacassad from Feb. 27, 1934, to March 11, 1934
6. DATE OF 7. AGE	F BIRTH (month, day, and year) Years Months		If LESS than 1 day,hrs.	I last saw h_imelive onMarch_ll, 1934 death is seid to have occurred on the date stated above, at _6:10_mp . m . The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
Date Date	de, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etcustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	as Engine	Ist Norks time (years) ant in this supation 37	General Arteriosclerosis ?
	LACE (city or town) Virg	inia		Other Cantibutary Casses of Importance: - Acute Cardiac Dilatation 3-8-3
13. NAN	ME Unknown			
	THPLACE (city or town)-Vir	ginia		Name of operation Clinical Data of What test confirmed diagnosis? Symptoms Was there an autopsy? Y.C.
15. MAI	IDEN NAME Unknown			23. If death was due to external causes (VIOLENCE) fill In elso the following:
Σ	THPLACE (city or town)	2 7 17		Accident, suicide, or homicide? Date of Injury, 19
	ANT Springfiel dress) Sykesvil CREMATION, OR REMOVAL		ecords	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Polace	1 . 10 . 11	Date Mu	W14,1934	Manner of Injury
19. UNDERT	AKER Balling	soul V	ron Nd.	24. Wes disaase or injury In any way related to occupation of dacaased? No.
20. FILED	Mas 12, 19340	Harry	Meer Registrar.	(Signed) John & Welherd M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	- 1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	APR 5 1934	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.	1		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	CDACE	FOD	GHIDTHER	STATEMENTS.	DV	DIIVCICIA	TAT
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	BI	PHISICIA	N



V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

		par.	170	23	
15	. 1	113	E.	1	
U	6	23	U	1)	
-	-				

1. PLACE OF DEATH			(131)		
/ County Carroll	******		Registration Dist. No. 76		
Village or City <u>News OV</u> Length of residence in city or town where	death occurred ?	(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and number. ds. How long in U.S. If of foreign birth?		
2. FULL NAME Samue	el Doc	1 41	wry.		
(a) Residence: No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATIST	The second secon		MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE Male Or hite	5. SINGLE, MAR OR DAVORCEI	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	L ear)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The Late Rus	Λ.		22. March 1952 to Man 21 19	34	
7. AGE Years Months 8. Trade, profession, or particular	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	of onset	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	11. Total ti	Grow In according to the control of	Other Contributary Causey of Importance: Loude Stellarin of Link		
(State or country) The way	and		hour mount y has		
	Henr	7	Name of operation Date of What test confirmed diagnosis? Was there en au'opsy	?	
15. MAIDEN NAME Catherin 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Earl 41. (Address)	land Henry	In d	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?		
18. BURIAL, CREMATION, OR REMOVAL Place Syndero	Date Mar	ch 24, 1934	Manner of injury		
19. UNDERTAKER 7 18 2 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	rd + 50	md	24. Was disease or Injury In any way related to occupation of deceased? So, specify (Signed) (Signed)	M. D.	
1		Registray.	(Address)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	A. A	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

See inst FATHER

TION is very important.

CAUSE

MOTHER

13. NAME

19. UNOERTAK

20. FILED.

(Address)

15. MAIOEN NAME

14. BIRTHPLACE (city or town)_

(State or country)

16. BIRTHPLACE (city or town).

18. BURIAL, CREMATION, OR REMOV

3/11/34

(State or country)

John E. (Address) Henryton.

	ty Henryton,			Registration Dist. No. 74 No. (above) St., death occurred in a hospital or institution, give its NAME instead of street and n 4 ds. How long in U.S. if of foreign birth? yrs. mo	umber	
	ME Mable Et. e: No. 1740 Je:		St., Bal	tost., Md. Ward. If nonresident give city or town and	State	
PERSON	AL AND STATIST	ICAL PARTI	MEDICAL CERTIFICATE OF DEATH			
3. SEX Female	4. color or race Colored	5. SINGLE, MAR OR DIVORCE Marr	21. DATE OF DEATH March 11, 1934 (Month) (Day)			
5a. If married, widowe HUSBANO of (or) WIFE of		ard Higg		22. I HEREBY CERTIFY, That I attended of March 7, 1932, 19 to March 11, 1934, 19 to March 11, 1934, 1954, 19	leceas 1,9;	
7. AGE Year	s Months	Oays	if LESS than 1 day, hrs.	to have occurred on the date stated above, at. 2. SonA . M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date	
kind of w	sion, or particular ork done as SPINNER, BOOKKEEPER, etc	Housew:	ire	Pulmonary Tuberculosis		
SAW MILI	ousiness in which done, as SILK MILL, L, BANK, etc	At home	eime (years)		No	
this occup	pation (month and Unkn	own spen	nt in this Unknoupation	W-N Other Contributory Causes of Importance:		
12. BIRTHPLACE (cit (State or coun	try) Sout	h Carol: Hicks	ina			

Smithfield

Smithfield

Md.

O'Neill. M.

South Carolina

Emma Hastings

South Carolina

vrs. _____ds.

That I attended deceased from

Nov.

What test	confirmed	diagnosis?_				Wa	s there	an au	
23. If death	was due t	to external c	auses (\	/IOL ENCE)	fill in	also ti	ne follo	wing:	
					-				

23. Accident, suicide, or homicide?_____

Where did injury occur?. (Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Nature of Inju	ry	
24. Was disease	or injury in any way related to occupation of deceased?	no

If so, specify (Signed).

Loca If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of injury

(Address)

V. S. No. 1

-WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.	. 0		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1		STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	2565
1	1. PLACE OF D				<u>(51)</u>	
	county Ca	rroll			Registration Dist. No.	14
	Village or City S	pringfield	d State	e Hospita	1. Sykesville. Md.	Ward
	Length of residence	In city or town where de	ath occurred	7 yrs. 6 mos	f death occurred in a hospital or institution, give its NAME instead of street and nu s	mber)
	2. FULL NAME	Thomas 1	D. Hoc	tor		
	(a) Residence: N	(Friend)	2204] (Usual place	Federal S	t. st, Baltimere, Md. If nonresident give city or town and S	tale
	PERSONAL	AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Male 4. c	White		RRIED, WIDOWED, ED (write the word) CCEQ	21. DATE OF DEATH March 29 (Month) (Day)	193 4 (Year)
5a	. If married, widowed, or HUSBAND of (or) WIFE of	divorced Unknown		1872	22. I HEREBY CERTIFY, That I attended de	eceased from
6	DATE OF BIRTH (month	day and wast)	? ?	2	August 30 1926 to March 29 1934	19 34
-	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 11 am	death is seid
	62	_		I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z	8. Trade, profession, o	or particular	D .		were as follows:	Date of onset
OCCUPATION	SAWYER, BOOK	ne, as SPINNER, KEEPER, etc	Paint	ter Ca	rcinoma of prostate with	
UPA	9. Industry or busine work was done, SAW MILL, BAT	as SILK MILL,	nknown		involvement of bladder;	
SC	10 Date deceased inet	worked at	11. Total	time (years)	urinary obstruction with	
_	this occupation year)	(month Uhknowr	n sps	ent in thi Unk.	pyelo-nephritis	Unk.
12	BIRTHPLACE (city or to	W. Virginia	a		Other Contributory Causes of importance:	
	(State or country)				Uremia 3-26	-34
ER	13. NAME U	nknown			0.75	V.X
FATHER	14. BIRTHPLACE (city of	r town) Unkr	nown		Name of operation Date of	
-	(State or countr				What test confirmed diagnosis? Was there an eu	opsyV.e.S
MOTHER	15. MAIDEN NAME	Unknown			23. If death was due to externel causes (VIOLENCE) fill In also the following:	
10	16. BIRTHPLACE (city of		mown	************	Accident, suicide, or homicide? Date of Injury	, 19
2	(State or count	(y)			Where did Injury occur?	
17.	(Address) Sy	. Hospital Kesville,			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18.	BURIAL, CREMATION, O	R REMOVAL	54	. 51 =	, Manner of Injury	*******
_/	Jeled III	or late	Date M	W 5/, 19 3 4	Nature of injury	
19.	UNDERTAKER	saltine	ou	June.	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED Mare . 7	9,19.34 Qx	Harry	Meer Registrar.	(Signed) L. Wilhered Address) S.S. Idoap, Sy Kis wille, Mil	M. D.
THE REAL PROPERTY.		Tf man bi		.11 C D	The state of the s	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	100
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Ara o 1834	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	A a		
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Transferred from City Hospital August 30, 1926. No additional information obtained. No relatives known

3

1. PLACE OF DEATH County Village or City Willage or Ci		A-	STATE OF MARYLAND	CERTIFICATE OF DEATH
County Co		state UPA-	1. PLACE OF DEATH	
Village or City. J. J. J. J. J. Length of residences in city-st type where death open of the control in a hospital or institution, give in NAME intended of arest an aumbor). Length of residences in city-st type where death open of the city of th			County (MYOCK)	Registration Dist. No.
Length of residences in city of town where death occorred. 2. FULL NAME (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 1. J. SEX COLOR OR RACE 5. SINCLE, MARRING WINOWED, ON DOVIGOES 6 min chem chem chem chem chem chem chem chem	1	m O	Village or City (1011) Allunda	No. St., Ward
DUIGNING THE CONTRIBUTION OF THE STATE OF BEATH MONTH TO T	1	E 0 / 1	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
DUIGNING AND STATE OF BIRTH (month, day, and year) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the day and year of the standard decessed from the date stated above, at 1/15 mm. S. S. II material with a standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of i		NS NS	Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
DUIGNING AND STATE OF BIRTH (month, day, and year) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the day and year of the standard decessed from the date stated above, at 1/15 mm. S. S. II material with a standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of i		Eve	2. FULL NAME OMA J. NOW	
DUIGNING AND STATE OF BIRTH (month, day, and year) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the day and year of the standard decessed from the date stated above, at 1/15 mm. S. S. II material with a standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of i		G IS E		
DUIGNING AND STATE OF BIRTH (month, day, and year) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the word) S. S. II material with a standard decessed from the day and year of the standard decessed from the date stated above, at 1/15 mm. S. S. II material with a standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. S. S. Trade, potential of patients in which standard decessed from the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clause of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of importance were as eligible to have occurred on the date stated above, at 1/15 mm. The PRINCIPAL CAUSE OF DEATH and related clauses of i		t H	A STATE OF THE STA	
DUIGNIE OF BIRTH (month, day, and year) So. III married wignaged vilcoyofth III na wignaged vilcoyofth III		xac PEC		
HER WAY BY SULL AND STRIPPLACE (city or town). State or country) 1. S. BIRTHPLACE (city or town). Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE. Specify or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in Home, or in PUBLI	•	N. E		21. DATE OF DEATH March 7 103 4
HER WOLLD STATE OF BIRTH (month, day, and year) TAGE Years Months Days ILLESS that I. Iday, hote said above, at. // F. // F. m. I. Iday, hote said above, at. // F. // F. m. I. Iday, has, hote have accurated above, at. // F. // F. m. I. Iday, hote said above, at. // F. // F. m. I. Iday, h	כֿֿֿֿ	d L N	Trunal Wille und our	(Month) (Dey) (Yaar)
HER WAY BY SULL AND STRIPPLACE (city or town). State or country) 1. S. BIRTHPLACE (city or town). Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE. Specify or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in Home, or in PUBLI	Ž	CT	HUSBAND OF GILL	1 HEREBY CERTIFY. That I attended deceased from
NUTUPLY AND STATE	Ð.		(Or) WIFE OF MULLIP CHOTH Weslas	
NUTUPLY AND STATE	NIN.	more a	6. DATE OF BIRTH (month, day, and year) Quan 19 1857	Llad saw h en alive on man 7 1934; death is said
SE SAY OF SONKEER SONK		P. P.		to have occurred on the date stated above, at 11-13-12-m.
SE SAY OF SONKEER SONK	OR	ate ope		ware of fallows:
Service of the servic	F	st st br	8 Trada profession or particular	Chrone Thyreadetic Oate of onset
NITOTAL TARREST OF THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	9	rrs be be of	sawyer, BOOKKEEPER, etc.	and Delatation - 3-7-30
NITOTAL TARREST OF THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	VE		9: Industry or business in which	
NITOTAL CONTROL OF STATE OF ST	33		SAW MILL, BANK, etc.	
NITOTAL CONTROL OF STATE OF ST	SS	10 4 10	10. Date deceased last worked at this occupation (month and spent in this	
Name of operation. Date of State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Date of State or country) Name of operation. Name of ope	RE	rG AGI tha ons	yaar) occupayory	Other Contributory Causes of importance:
Name of operation. Data of	Z	So		
Name of operation. Data of	GI	ied.	The state of the s	
What test confirmed diagnosis? Little Land Land Land Land Land Land Land Land	H.	Ppli ppli ern ins	13. NAME David Recomme	
That test confirmed diagnosis? Additional formula and opey? The state of the state	M	sul sul	14. BIRTHPLACE (city or town)	
Where did Injury occur? (Specify city or towa, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVE Place 19. UNDERTAKER Address) 19. UNDERTAKER Address) 19. UNDERTAKER Address) 10. Elbarb 10. Signed) 10. Signed) 11. INFORMANT (Address) 12. Wes disease or injury in any way related to occupation of decaased? (Specify city or towa, county and State) Specify whether injury occurr? Specify city or towa, county and State) Specify whether injury occurr? Specify whether injury occurr? Specify city or towa, county and State) Specify whether injury occurr? Specify w		TTH III	(State of country)	What test confirmed diagnosis? Luneal fur Was pere an au'opsy?
Where did Injury occur? (Specify city or towa, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVE Place 19. UNDERTAKER Address) 19. UNDERTAKER Address) 19. UNDERTAKER Address) 10. Elbarb 10. Signed) 10. Signed) 11. INFORMANT (Address) 12. Wes disease or injury in any way related to occupation of decaased? (Specify city or towa, county and State) Specify whether injury occurr? Specify city or towa, county and State) Specify whether injury occurr? Specify whether injury occurr? Specify city or towa, county and State) Specify whether injury occurr? Specify w		W efu	I 15. MAIDEN NAME CAMPARILE BUCKING	
Where did Injury occur? (Specify city or towa, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVE Place 19. UNDERTAKER Address) 19. UNDERTAKER Address) 19. UNDERTAKER Address) 10. Elbarb 10. Signed) 10. Signed) 11. INFORMANT (Address) 12. Wes disease or injury in any way related to occupation of decaased? (Specify city or towa, county and State) Specify whether injury occurr? Specify city or towa, county and State) Specify whether injury occurr? Specify whether injury occurr? Specify city or towa, county and State) Specify whether injury occurr? Specify w		the K		Accident, suicide, or homicide? Date of injury, 19
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER Address) 19. UNDERTAKER 20. FILE 19. UNDERTAKER 20. FILE 19. UNDERTAKER Address) 10. Company of the company of			(State or country)	Where did Injury occur? (Specify city or town, county and State)
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER Address) 19. UNDERTAKER 20. FILE 19. UNDERTAKER 20. FILE 19. UNDERTAKER Address) 10. Company of the company of		AI d h DE	17, INFORMANT Harry a Picking	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Date March 1995 Andura of injury 19. UNDERTAKER DATE William Should Signed (Address) 20. Fleb 4-16 8 39 Check Should (Address) Missing March 1995 Andura of injury in any way related to occupation of decaased? 10. Signed (Address) Missing March 1995 Andura of injury in any way related to occupation of decaased? 19. UNDERTAKER DATE OF THE STATE O	4	oul F	THE WAR IN THE	
Natura of injury 19. UNDERTAKER 19. UNDERTAK		Sh sh is	Veter Wass Hall Holle Hill al in all	1 m. P. 14
Address) Jacob Start 8 34 Checu Standard (Signed). Registrat. (Address) Mwww.land. M. D. Registrat. (Address) Mwww.land.			Prace 1 1019 0 7	Natura of injury
gaddress) 15 so, specify 15 so, specify 15 so, specify (Signed). As Thomas M. D. Registrar. (Address) Hurlandson M. D.	-	nat CAI		Mes disease or injury in any way related to occupation of decaased?
vi z T 20. Flebart 8 39 (Nece Street) (Signed). M.D. Registrar. (Address) Hewlands M.D.	No.		(Address) Alas Windsoyth	1 4/2
		[(T)		41.1.1.0
	>	4		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry of business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, actory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- TAVIN GO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------



D. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-RECE LAINLY, WITH UNFADING INK-THIS IS A PERMANENT TION is very important. See instructions on back of certificate. B.—WRITE

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(820)
County near Carroll	Registration Dist. No.
Village or City Westminster	No. 114 Liberty St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	_mosds. How long in U.S. If of foreign birth? yrs mosds.
2. FULL NAME Rachael Sophia Hull	
(a) Residence: No. 114 Liberty (Usual place of abode)	St., Ward. ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWEL OR DIVORCED (write the word Widowed)	21. DATE OF DEATH March (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of Oliver A. Hull	22. FILEREBY CERTIFY Hat I attended deceased from 24 135 to 1954
6. DATE OF BIRTH (month, day, and year) Dec. 11, 1841	Hast saw h. S. A. aliva on March 4, 1934; death is said
7. AGE Years Months Days If LESS that I day,	
92 2 22 or	were as in lows: Date of onset
8. Trade, piofession, or particular kind of work dona, as SPINNER, At home SAWYER, BOOKKEPER, etc.	
Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of Importance.
13. NAME John Bowers 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Anne Griffith	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME ATTHE GFT1111CH 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, swicide, or hopicide? Date of Injury, 19
17. INFORMANT Miss Jennie Hull (Address) Westminster, Md.	(Specify city or town, county and State) Specify whether injured in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Warfieldsburg, M.d. March 7, 13	Manner of injury
19. UNDERTAKER J. Francis Reese (Address) Westminster, Md.	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILED 3/1-, 19.34 Hilles Registra	(Signed) (Address) filestrume links.
If more blanks are needed address State Rea	istrace 2477 N. Charles Street Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUDEAU V.S			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPAC	E FOR FURTH	ER STATEMEN	TS BY PHYSICIA	AN	
					ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	500
1. PLACE OF DEATH		23	568
County Carroll		Registration Dist. No. 80	
Village or City near Berre	tt,R.F.D1100	dbinge, Md. St., f death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence in city or town where de	7.0	s. — ds. How long in U.S. if of foreign birth?	
2. FULL NAME Marian	Jackson .		
	,	St., Ward. If nonresident give city or town and Sta	ale
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH March 2 , 19 (Month)	93.4
ie. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	cm 600	22. I HEREBY CERTIFY, Thet + attended dec	
5. DATE OF BIRTH (month, dey, and year) 192	3_12_28	Hast saw nalive on, 19d	
7. AGE Years Months	Deys If LESS than	to heve occurred on the date stated above, et 7:-302-m	
10 2	2 I dey,hrs.	the refellower	
8. Trede, profession, or perticular kind of work done, es SPINNER.			ate of onset
SAWYER, BOOKKEEPER, etc.	. Kône	Pulmomery Interculoses.	2 4/20
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased lest worked et this occupation (month and yoer)	II. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Carrol		Other Contributory Causes of Importance:	
(State or country) Mary]			
13. NAME Charles J	ackson oll Co .		
(State or country) Mary	land.	Name ef operation Dete of What test confirmed diagnosis? Was there an euto	
15. MAIDEN NAME Nola Rh	eubottom	-23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:	poy
16. BIRTHPLACE (city or town) Carro (State or country) Maryla	11 Co.,	Accident, suicide, or homicide? Dete of injury Where did Injury occur?	., 19
IT. INFORMANT Nola Jacks (Address)R. F. DWoodbi		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL PlaceWhite Rock Cemt		Manner of Injury	
19. UNDERTAKER 6. M. Hals (Address) Thurfield	Fried.	24. Was disease or injury in eny wey related to occupation of deceesed?	no
20. FILED Mar 3 , 1934 de	a M. Hewell	(Signed) (Address) Elacks Full	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year -

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
This child had no regular medical	
attendant that seem they seems a langer	the
ago and about 1 yr, ago as Dist. Health Office	est.
	5,

3

	THE THIRD IS THE THIRD IN THE THIRD IN THE THIRD IN THE THIRD INCH	A LL A	Tell of Illia
1	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta	IANS	should sta
-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP	ment	of OCCUP
1-	TION is very important. See instructions on back of certificate.	/	

		F MAR	YLAND-	CERTIFICATE OF DEATH	62569
1. PLACE OF DE				(23)	
County Car	roll			Registration Dist. No.	74
Village or City	Dykesville		(1)	No. Imaged a Tate Hospital St. fdeath occurred in a hospital or institution, give its NAME instead of street	Ward
Length of residence le	city or town where de	eath occurred	yrs 2 mos	s. 29ds. How long in U.S. If of foreign birth?	and number)
2. FULL NAME	Herman	1/1	to		11103
(a) Residence: No	0 7		h .	St. Ward Grantsvell Garrett Co.	m
(a) Residence, NO		(Usual place	of abode)	If nonresident give city or town	
PERSONAL A	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	
4 4	LOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 25%	1934
5a. If married, widowed, or d	ivorced	7	~	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of				22. 1 HEREBY CERTIFY, That I atter	nded deceased from
	1 .	1 00	t .	January 16 1932 to March 2	
6. DATE OF BIRTH (month, 7. AGE Years				Mest saw han alive on March 252, 19	3.4; deeth Is said
7. AGE 1681S	Months	Days	If LESS than 1 dey,hrs.	to have occurred on the date stated above, at 1.4552.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	1 0	10	ormin.	were as follows:	Date of onset
8. Trade, profession, or kind of work dor SAWYER, BOOKH	e, as SPINNER,	none		Lotar preumonia	march 2
kind of work dor SAWYER, BOOKH 9. Industry or business	in which		******************	Colar fineumonia	1934
9. Industry or business work was done, a SAW MILL, BAN	s SILK MILL,				
10. Date deceased last this occupation (19 year)	vorked at	sp3i	ime (years) nt in this — pation		
12. BIRTHPLACE (city or tow	m) sarrett	Co		Other Coutributory Causes of importance:	Perpuron
(State or country)	"/	md.		Julinonery Juperoulous	Reported
III TO' HAME	mel Klotz			y Victoria	mahala
14. BIRTHPLACE (city or	town unker	own		Name of operation home , Date	1
	Larrette Co.	ma.		Physical Asser and Capturators of	an autopsy? No
15. MAIDEN NAME	adre Beit	el		23. If death was due to external causes (VIOLENCE) fill in also the follo	
O 16. BIRTHPLACE (city or	town) Lukn	and the same of th		Accident, suicide, or homicide? Date of injury	-
≤ (State or country)	md.		Where did injury occur?	
17. INFORMANT Ofren; (Address)	peld State of	Hospital 1	(Records)	(Specify city or town, county and Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OF				Manner of injury	
Geraceulson	lle Md.	Date /Ma	~ 28,1934	Nature of injury	
19. UNDERTAKER	er asoc	e Du	· .	24. Was disease or injury In any way related to occupation of deceased	none.
(Address)	nearle	e me	L.,	If so, specify	
20. FILED Man . 25	1934 24	lany	Meec Registrar.	(Signed) John H. Morrie (Address) (S. J. N.) Dikesville. M	M. D.
	If more by		11. C. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
por 0 dg			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

3

B.

1. PLACE OF DEATH		-	23	7,
County Carral	4		Registration Dist. No.	the same
Village or City	reaville		No pringfeld Wal Spapel	Ward
Length of residence in city or to	wn where deeth occurred/	Pyrs. 9 mos	If death occurred in a horpin of institution, give its NAME instead of freet and r.s	number)* osds
2. FULL NAME	ffic K	aest		
(a) Residence: No	(Usual place	of abode)	St., Ward Autel May a	State
PERSONAL AND ST	ATISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	4
3. SEX 4. COLOR OR F	S. SINGLE, MARY OR DIVORCES	RIED, WIDOWED, (write the word)	21. DATE OF DEATH March 2 3 (Month) (Day)	., 193 (Year)
be. If married, widowed, or divorced HUSBAND of (or) WIFE of	_		2 I HEREBY CERTIFY, That I attended of Security 19.93, to Nacel 2.	
40 Vo Trada profession or published	fonths Deys	If LESS than 1 day,hrs.		,
SAWYER, BOOKKEEPER, etc 9: Industry or business in which work wes done, as SILK Mi SAW MILL, BANK, etc	iLL, 11. Totel ti	it in this	Luberculases of the	1900
12. BIRTHPLACE (city or town) (State or country)	aurel	pation	Other Contributory Causes of importance:	7
13. NAME Martin	Praeski			
13. NAME Marten 14. BIRTHPLACE (city or town) (Stete or country)	erenaus	Mo.	Name of operation Date of What test confirmed diegnosis? Was there an e	. 7/
15. MAIDEN NAME	ukeesva		23. If death was due to externel causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT	Lukuon Lal Reco	Leda	Accident, suicide, or homicide? Dete of Injury Where did injury occur?(Specify city or town, county and State Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	, 19
(Address) De Removal 18. BURIAT, CREMATION, OB REMOVAL Place Clured	Date Mar.	26th, 1936	Manner of Injury	
19. UNDERTAKER LOGICA (Address) aure	Jaiser	y ,	24. Was disease or injury In any wey releted to occupation of deceased?	
20. FILED / J. A.M. 213., 1934	(Charry)	Registrar.	(Signed) Raud Mesourite (Address) Raud Republik	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: BUDGALL V. D. Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N

	infor- state UPA-		CERTIFICATE OF DEATH			
		1. PLACE OF DEATH	82-E			
	ould OCC	County Cattall	Registration Dist. No.			
M)	she of	Village or City Sykespille	death occurred in a hospital or institution, give its NAME instead of street and number)	Word		
	~ 00 m	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. Hof foreign birth? yrs. mos.	ds.		
	Evel IAD mer	2. FULL NAME Question To Lea				
	COKD, Every PHYSICIANS ct statement	(a) Residence: No.	St. Ward Oliver Mauleur			
	-	(Usual place of abode)	If ponresident give city or town and State .			
V.	RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
	K K	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH	1		
Ü	NENT CTL ifed.	Jewell whele raidsmed	(Month) (Day) (Yea	(r)		
Z	MANEN ACT J assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22/ I HEREBY CERTIFY, That I attended deceased	from		
BINDIN		(OT) WIFE OF Mehard of dea	A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	34		
BII	H .	6. DATE OF BIRTH (month, day, and year) Adequator 24 1864	I last saw h loc_ alive on March 26 1924 death Is	,		
	IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. Safe.m.			
FOR	IS A I stated proper	69 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
	S I S I e b f ce	8. Trade, profession, or particular kind of work done, as SPINNER	Date of c	onset		
百	rhis 1 be y be k of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which				
RV	should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	arlenascherasio 19	25		
RESERVEL	Sh sh	D. Date deceased last worked at this occupation (month and spent in this				
E E		year) occupation				
	A A so t ction	12. BIRTHPLACE (city or town) Bugultan	Other Contributory Causen of importance:			
MARGIN	- may	(State or country) May fand	arctral Thrombon 3-2	14 4		
AR	UNFA supplied terms, ee instru	13. NAME Frederick J. Brown				
M	Sul sul in t	4 14. BIRTHPLACE (city or town) Auguston	Name of operation Date of			
		(State of Country)	What test confirmed diagnosis? Was there an autopsy?	40		
	WIT efull in pl ant.	15. MAIDEN NAME CLEEN M. Warrell	23. If death was due to external causes (VIOLENCE) fill in also the following:			
	S. H. S.	16. BIRTHPLACE (city or town). Martgaring () (State or country) Martgaring	Accident, suicide, or homicide? Date of injury, 19			
	A SA	(State of Country) Mangaras.	Where did Injury occur? (Specify city or town, county and State)			
	rLA hould OF Di	17. INFDRMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
		18. BURIAL, CREMATION, DR REMOVAL	Manner of injury			
	四月四十	Place Rothville Ind. Date 3 - 26 - , 19 34	Nature of Injury			
	-WRITI mation CAUSE TION is	19. UNDERTAKER Warner E. Oumphress	24. Was disease or injury In any way related to occupation of deceased?			
No. 1	HOH	(Addiess) Rockville Marsland	If so, specify			
vi	m (F)	20. FILED Max. 76, 1934 Chang Here	(Signed) Mased Mr. Vers	M. D.		
>	2(1)	Registrar.	(Address) Research Md			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	İ	Example II				
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago			
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	APR 5 1934	July 5,1927	Peritonitis	3 days ago			
	BUREAU V. A.						
Other contributory	causes of importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	----------------	------------	----	-----------



BINDING

FOR

MARGIN RESERVED

V. S. No. 1

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	2012
1. PLACE	OF DEATH		(131)	
County	A		Registration Dist. No.	4
Village or	r City Dypesoul	le	ND. Afringfield state Hospital St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of a	residence in city or town where d		s	
2. FULL N	IAME Joseph &	John David Look		
	dence: No.	Hampstead Md	St. Word Nampitead Md.	
		(Usual place of abode)	If noncesident give city or town as	id State
PERSO	DNAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH harch 6 (Day)	, 193 // (Year)
5a. If married, wid HUSBAND of (or) WIFE of	dowed, or divorced marium me luk	nvivn	22. I HEREBY CERTIFY, That I attende James 24 9 1934, to March 63	d deceased from
6 DATE OF RIPT	H (month, day, and year) luke	una Unknown 1849		.; death is said
	Years Months	Days If LESS than	to have occurred on the date stated above, at 8.05 A m.	
	84 human	lukuron 1 day,hrs.		12.
8. Trade, prokind of SAWY	ofession, or particular of work done, as SPINNER, A ER, BDDKKEEPER, etc	ay laborer	General arteriosolirosis	Pare of onset
9. Industry	or business in which		,	Prior to
O 10. Date dece	was done, as SILK MILL, MILL, BANK, etceased last worked at Companion (month end 1929	11. Totel time (years) spent in this 59 years	Chronic Nephritis	1929
yeer)		(occupation	Dther Coutributory Causes of Importance:	*-
12. BIRTHPLACE	(city or town) luknown	ch Co. Ind		
(State or c	Jaac Loots	en co. Tha		
I			y To make	
(State	0 .	dench Co. md	Name of operation. More Date of Physical Sympana Laboratory Funds What test confirmed diagnosis? Westhere en	ng ha
15. MAIDEN	NAME Catherine &	aves	23. If death was due to external causes (VIDLENCE) fill in also the following	ng:
	ACE (city or town)	denck lo. md.	Accident, suicide, or homicide? Date of Injury	, 19
1 (State	/		Where did injury occur?(Specify city or town, county and St	ate)
17. INFORMANT	Properville		Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC P	LACE.
	IATION, OR REMOVAL	1 -1	Manner of Injury	
2 Mac 19	asoon ma	Date May . 8 , 1934	Nature of injury	
19. UNDERTAKER	Edw. C.	Tipiton	24. Was disease or injury in any way related to occupation of deceased?	no
(Address)	Hamps	tead md.	If so, specify	
20. FILED. 2M	car. 6, 1934 W	Harry Here	(Signed) from A Maria	
	h.	Registrar.	(Address) (DS. H) Dykesville, md	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

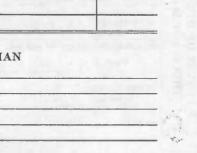
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	11921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURBAL V. S.	1.8			
Land Land				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
UNDITIONS	OI AVID	LOIL	T. O IV I HILLIE	STATISMENTALS	A. A.	T TE T DECITAL





STATE OF MARYLAND—CERTIFICATE OF DEATH	STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	
--	-------	----	-----------	--------------	----	-------	--

ST	ATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	12573
1. PLACE OF DEATH	W.	J7 Min.		107-0	11
County Carro	ll	THIN COAPE	AAYH LLSHIP	Registration Dist. No.	6
Village or City_Ox	string	ater		No. 31 Censon St.,	
Length of residence in city of	e town where d	looth convered		death occurred in a hospital or institution, give its NAME instead of street a	
				isytsytsytsytsytsytsytsytsytsytsytsytsytsytsytsytsyts	
2. FULL NAME P		magri	color Disco		
(a) Residence: No.	51 Li	(Usual place	of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND	STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR C	OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	21
male Blo	ick	OK DIVORCE	(write the word)	(Month) (Dev)	, 193 (Year)
5a. If merried, widowed, or divorce HUSBANO of	d	6			(100)
(or) WIFE of				22. I HEREBY CERTIFY, Thet I attend	led deceased from
6. DATE OF BIRTH (month, dey, er	2	ve s	1933	1 2 40	5.4; death is said
7. AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, at / 9; 55m.	r.ge, utatii is said
	4	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
_ 8. Trade, profession, or partic	cular	1	U1	were as fillows:	Date of onset
kind of work done, as SAWYER, BOOKKEEPEI 9. Industry or business in will work was done, as SILI SAW MILL, BANK, etc. 10. Date deceased last worker this occupation (month	SPINNER, 7, etc.	none	-	(Branche)	, ,
9. Industry or business in w work was done, as SILI SAW MILL, BANK, etc.	hich K MILL.			George Carolina	
SAW MILL, BANK, etc.		11 Total ti	ime (years)	diletation	hear 10.
this occupation (month year)	and	spa	nt in this		***
	20.0			Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)		land			
II 13. NAME Rown	1	Brown	_		
13. NAME Rown 14. BIRTHPLACE (city or town	aren.	Traint		Neme of operationOate o	f
(State or country)	man	lund		06 6 .	an eu'opsy? 440
15. MAIDEN NAME 2	elvile	magr	uder	23. If death was due to external causes (VIOL ENCE) fill in also the follow	
15. MAIDEN NAME 200	Ovest	munste		Accident, suicide, or homicide? Date of injury	
∑ (State or country)	mary	lund		Where did injury occur?	
17. INFORMANT Aller (Address) Wa	A m	agruele	nd-	(Specify city or town, county and Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REM	OVAL		1 311	Manner of injury	
Place Fair Vies	u, Irelia	Do Date In Gr	ch H , 1934	Nature of Injury	
19. UNDERTAKER 743	inkar	d + sor	,	24 Was disease or injury in any way related to occupation of deceased?	
(Address) (Nes	toning	Tu m	d,	If so, specify	· P
20. FILED 1/0 19	31010	woo	1-	(Signed) 11 flems	her M.D.
	/		Registrar.	(Address) electrical	1 me

If more blanks are needed, address Stafe Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

02574

	1. PLACE OF DEATH	92-0	4
	County Carroll	Registration Dist. No.	4
	Village or City Dykesville. Ind.	No. Springfuld State Hospital St.	Ward
	(If	death occurred in a bospital or institution, give its NAME instead of street and nu	umber)
	Length of residence in city or town where death occurredyrs,mos.	. 22 ds. How long in U.S. If of foreign birth?yrsmos	ds.
-	2. FULL NAME Clinton Engene Main		
	(a) Residence: No. Frederick Md (Usual place of abode)	St., Ward. Freduck Md. If nonresident give city or town and S	State
politica	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual Manual	21. DATE OF DEATH March (Ch. (Month) (Day)	193. 4- (Year)
5a	. If married, widowed, or divorced		(1001)
	HUSBAND of (or) WIFE of Courth Itellard.	Odoper 63 1932 to March 64	eceesed from
6.	DATE OF BIRTH (month, day, and yeer) Unknown hupmon 1865	I last saw him elive on March 6th, 1934;	death is seld
	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.54 P.m.	
	68 hoper hapron Iday, min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	1
NO	& Trade profession or particular	General arterioschrous with high	Prior la
PATION	SAWYER, BOOKKEEPER, etc.	arterial tension. Bloom pressure 2/0/130	4,77
CUP	SAW MILL. BANK, etc	Chronic Valvylar heart disease.	Provale-
000	10. Date decessed last worked et without 11. Total time (years) spant in this 35% and occupation (month and 1926 spant in this 35% and occupation	a Cortic Regargitation	Dept 1932
-		Other Contributory Causes of Importance:	4 . 1
12	2. BIRTHPLACE (city or town) Tridunck (State or country) Trid.	Contract the last the	march 6
-		(Crebral apople y Ordden death)	1934
HER		7.	
FAT	(State or country) M. cl	Name of operation Twne Physical agus are Pyrilonus Was there an au	1'opsy? ho
ER	15. MAIDEN NAME Ellis A. Thomas	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTH	0 .	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
13	7. INFORMANT Jumpfula state Hospital (Rusords) (Address) Supervice. md	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE Output Description:	CE.
13	B. BURIAL, CREMATION, OR REMOVAL MA Dete Mas 9, 1913.9	Manner of injury	
1	9. UNDERTAKER J. E. Cline San (Address) Sudmick md	24. Was disease or Injury In eny way releted to occupation of deceased? R	J-
2	0. FILED Mar. 6, 1934 CHarry Here	(Signed) John N. Movine	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 5 1934	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	1		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYS	SICIAN
---	--------

1.

OCCUPATION

FATHER

MOTHER

65

9. Industry or business in which

10: Date deceased last worked at

(State or country)

13. NAME

8. Trade, profession, or particular kind of work done, as SPINNER,

SAWYER, BOOKKEEPER, etc ...

work was done, as SILK MILL SAW MILL, BANK, etc

this occupation (month and

certificate.

Jo

back

instructions on

important,

very

is

LION

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH
----------	-----------	-------------	----------

PLACE OF DEATH	15.0	00010
County Carroll	Registration Dist. No	74
Village or City Sykesville	No. Springfield State Hosp	ital war
	(If death occurred in a hospital or institution, give its NAME instead of stores. ————————————————————————————————————	reet and number)
MAGGIE E. MATSO	CK	

21. DATE OF DEATH

Name of operation.....

Manner of Injury

Nature of injury

What test confirmed diagnosis

2. FULL NA	ME MAGGI	E E. MAI	SACK
	nce: No. 318 S.		
(-,		(Usual place	
PERSO	NAL AND STATIS	TICAL PARTI	CULARS
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,
Female	White		OWEC
5a. If married, wido HUSBAND of (or) WIFE of		Ferdinand	Maisack
6. DATE OF BIRTH	(month, day, and year)	June 10,	1868
7. AGE Ye		Davs	If LESS than

The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min.

11. Total lime (years) spent in this occupation

26

Housewife

12. BIRTHPLACE (city or town) Michael Englegrecht

14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

Records Hospita 17. INFORMANT (Address)

If so, specify

24. Was disease or injury In eny way related to occupation of deceased?

(Specify city or town, county and State)

Hagerstown, Md.

I HEREBY CERTIFY. That I attended deceased from

MEDICAL CERTIFICATE OF DEATH

23. If death was due to external causes (VIOL ENCE) fill In also the following:

Accident, suicide, or homicide?_____ Date of injury_____ 19

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If nonresident give city or town and State

(Day)

(Year)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
	NA TACE	TOTAL	T CICIANTIA	O T I I I I I I I I I I I I I I I I I I	10 1	A ALL DIVIZIN

3

			OF MAR	YLAND-	CERTIFICATE OF DEATH	02576
	LACE OF DEA				23	Hel
C	County Car	tall		~~~~~	Registration Dist.	lo.
٧	illage or City	y Reace	lle		No pring feel that Ha	Stell Ward
L	ength of residence in	city or town where	daath occurred_2	Fyrs 6 mos	f death occurred in a horpital of institution, give its NAME instead	of street and number)
	ULL NAME	Elina.	417	May	sh-	
	a) Residence: No.	- Commission			St. Ward Ver becould	me.
	a) Nosidence. No.		(Usual place	of abode)	If nonresident give city	y of town and State
F	PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
5a. If ma	4. COL	OR OR RACE	OR DIVORCEI	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH Keess	6 (L., 193 (Year)
HUS (or)	SBAND of WIFE of WIFE	eplo M	arch		22. SHEREBY CERTIFY. The	at f attended daceasad from
6. DATE	OF BIRTH (month, da	ay, and year)	lulanom	1/858	I last saw he alive on Mackle 5.	19 9 4, death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6. 12m	
	16			1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of im were- as follows:	portance Data of ensat
Z 8. 1	Trada, profession, or p kind of work dona	particular , as SPINNER,	n.		1-1-J	Data of onsat
OCCUPATION 101	kind of work dona SAWYER, BOOKKE ndustry or business i		Rai	<i></i>	Luber enlaces of the	1-1-196
UP	work was done, as SAW MILL, BANK,	SILK MILL.	_	_	Runge.	
10.1	Date deceased last wo this occupation (my year)	orkad at	11. Total ti span	me (years) t in this pation		
	HPLACE (city or town Stata or country)	, flust	man.		Other Cautributary Causes of importance:	
13. N	NAME leu	kuar	-ev -			
13. N	BIRTHPLACE (city or t	town) lle	ek un	-	Name of operation	Data of
	(State or country)	leu	kusm	r.	What tast confirmed diagnosis?	Nac there an eutopsy?
15. N	MAIDEN NAME	Muy	Eusun		23. If death was due to external causes (VIOL ENCE) fill in also	
h)	BIRTHPLACE (city or t (Stata or country)		ukun	n .	Accidant, sulcide, or homicida? Data of Whare did injury occur?	injury, 19
17. INFO	RMANT NA	efela	alle Ke	Wa.	(Specify city or town, o Specify whether Injury occurred in INDUSTRY, in HOME, or I	ounty and State) IN PUBLIC PLACE.
18. BURIA	AL, CREMATION, OR	/A	La Date Ma	N. 9, 1934	Manner of injury	
19. UNDE	RTAKER SE	alon	the du	us.	24. Was disease or injury in any way related to occupation of	daceased?
20. FILED	Mar. 7	1934 as	Yarry)	Registrar.	(Signad) March M. Caro (Addrass) Sykeracile	M. D.
	HERE THE STREET	If more	blanks are needed as	Adress State Registrar	245 N Charles Savant Relaiman Property ST C N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses- of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I BURFAU V. S.	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

3

OCCUPA 1. PLACE OF DEATH plnods County Registration Dist. No. Village or City of a Recally (If death occurred in a hospital of institution, give its NAME instead of street and number) mos. 20 ds. How long In U.S. If of foreign birth? vrs. Every Langth of rasidanca in city or town where death occurred statement PHYSTCHAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State RECO PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) mariced (Month) BINDING CT Sa. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 73 H certificate 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at. 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. . Trade, profassion, or particular OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc ... may Industry or business in which plnods work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at no 11. Total time (years) this occupation (month and spent in this that occupation _ _. instructions Othar Contributary Causes of importance MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) Nama of oparation. plain (State or country) efully What test confirmed diagnosis?. ----- Was there an autopsy?-HER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT 16, BIRTHPLACE (city or town DEATH (State or country) Whare did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should (Address) OF 18. BURIAL, CREMATION. Manner of injury AUSE mation LION Nature of Injury 24. Was diseasa or Injury in any way related to occupation of deceased? 19 UNDERTAKER S. No. 1 (Address) If so, specify M Registrar. (Addrass) _____

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of ensat

(Day)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

ĸ.

(Stata or country)

f6, BIRTHPLACE (city or town) (Stata or country)

H 18. BURIAL, CREMATION, OR REMOVAL

15. MAIOEN NAME

(Address) R

19. UNDERTAKER

(Address)

MOTHER

1. PLACE OF DEA	TH	F MAR	YLAND-	CERTIFICAT	E OF DEATH	02581
County Car	roll				Registration Dist. No.	50
				No. death occurred in a hospital or ds. How long in U		St., Ward ret and number) ds.
2. FULL NAME	Olivia	S.Rin	ehart,			
(a) Residence: No.	near.U	nion B (Usual place	ridge, Md.	St., Ward.	If nonresident give city or to	wn and State
PERSONAL AI	ND STATISTIC	CAL PART	ICULARS	MEDICA	L CERTIFICATE OF DEA	
3. SEX 4. COL	White	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEA	TH March - 18 (Month) (Day)	, f93 4 (Year)
5e. If marriad, widowad, or div HUSBAND of (or) WIFE of		5-12-1	3	Jan 26	EBY CERTIFY, That let,1924, to May on May 18, f	tended deceesed from
7. AGE Yaars	Months	Deys	If LESS than		e statad abova, at 11 p.m.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
78	3	5	f day,hrs.	The PRINCIPAL CAUSE OF	DEATH and related causes of Important	a
8: Trada, profession, or plant of work done SAWYER, BOOKKE	particular , as SPINNER,	None			7	Date of onset
Kind of work done SAWYER, BOOKKE S. Industry or business i work was done, as SAW MILL, BANK, Io. Date decased lest wo	n which SILK MILL.				Parulent Bronchitis	Jen 76
10. Date dacaased lest wo this occupation (myear)	rkad et onth and	spe	tima (yaars) ent In this upation			
12. BIRTHPLACE (city or town (State or country)	Freder	ick Co		Other Contributory Causes of	of importence:	
13. NAME Capt.			t.		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
14. BIRTHPLACE (city or t		11 Co.			Da	te of

23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of injury____ Where did injury occur?

Nature of injury.

(Specify city or town, county and State)
Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way ralated to occupation of deceased?____ If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	3/1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
WOEV.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

M	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
	CD. Every	YSICIANS	statement	
	NT RECO	LY. PH.	. Exact	
SINDING	ERMANE	EXACT	classified	e.
FOR E	S IS A P	e stated	e properly	f certificat
MARGIN RESERVED FOR BINDING	INK-THI	E should be	t it may be	TION is very important. See instructions on back of certificate.
RGIN RI	NFADING	plied. AG	rms, so tha	nstructions
MA	WITH U	efully sup	in plain te	ant. See i
	LAINLY,	ould be can	F DEATH	ery import
fo. 1	-WRITE	mation she	CAUSE 0	TION is v
V. S. No. 1	N. B.	(-	T	1

V. S. No. 1

1. PLACE OF DEATH County Carrol				Registration Dist. No.		
Village or City Eastvie Length of residence in city or town			(I	NS NOY . St., f death occurred in a horpital or institution, give its NAME instead of street and n s	Ward number) osds	
2. FULL NAME Philip (a) Residence: No.	Eas.		v, Md.	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STA	TISTICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RAC	OR	GLE, MARI DIVORCED Marri	RIED, WIDOWED. (write the word) EC	21. DATE OF DEATH March 29 (Month) (Day)	, 198 4 (Year)	
5e. If married, widowed, or divorced washand of John L.R.	osenbe:	rger,		22. I HEREBY CERTIFY, That I attended of		
6. DATE OF BIRTH (month, dey, and yeer)	1863-	2-6.		I last saw h. L. alive on Luch Z 5 1934		
7. AGE Yeers Mon		Days 23	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:		
8. Trade, profession, or particular kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc	R, Hou	sewii		sections whichour funded on often	Date of onset	
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this occupation (month and		11. Total tii	me (years)	usual stom deline of health strugth		
12. BIRTHPLACE (city or town) Ba.	ltimore	occu	pation	Dther Contributory Causes of importance:		
13. NAME William Mengel 14. BIRTHPLACE (city or town) Unknown (Stete or country) Germany.				Neme of operation. Lotter transf Whet test confirmed diegnosis? Was there an action		
	Ekas.			23. If deeth was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Unknown (State or country) Germany. 17. INFORMANT John L. Rosenberger (Address) R. F. D. Westminster, Md				Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19	
				(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL PleceTrinity Ceme				Manner of injury		
19. UNDERTAKER 6. M. S (Address) History	Halts	ind.	~	24. Was disease or injury In any wey related to occupation of deceased?		
20. FILED 3/3/ , 1937	1400	20	Segistrar	(Signed) has been by high had	М. С	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	--------	---------	------------	----	-----------

Registration Dist. No. 7	
le le ota le ere	w
G Utilton live . St., rred in a horpital or institution, give its NAME instead of street and n	Ward
s. How long in U.S. if of foreign birth?yrsmo	sds.
Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
TE OF DEATH	./
(Month) 7(Day)	(Year)
(, C. 100)	
I HEREBY CERTIFY, Thet I attended	deceased from
where alive on March 7+ 19 20	, 19
occurred on the date stated above, at 436 m.	r; death is said
NCIPAL CAUSE OF DEATH end related causes of importance	
follows:	Date of onset
·	
malysis laitaus	1010
oracycle ogocane	1919-
entributary Causes of Importance:	
Typotatie Precuonia	7/3/34
1	
operation	
st confirmed diagnosis? Was there an a	utopsy?
th was dua to external causes (VIOLENCE) fill in elso the following	:
t, suicida, or homicide? Deta of injury	, 19
lid injury occur? (Specify city or town, county and State	e)
(Specify city or town, county and State whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
of injury	
of injury	71.
disease or injury In any way related to occupation of deceased?	140
pecify	
gned) quuliu roak	7. M: D.
(Address) Westmuster	ala

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis L 2	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory eauses of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis C. V L V	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APP II I'm			-
Other contributory causes of importance:	1 50	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

The state of the s	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

B.—WRITL

1		p-		- 0	Tipe .
ы	/	1	10	è	1
U	4	5	. 9	ę	1

1. PLACE OF DEATH	IN CORPUBLIR LINITS OF	Jan	
County Carroll	CA LIMITS OF	Registration Dist. No. 76	
Village or City W. estimins	Tis	No. St., Wa f death occurred in a hospital or institution, give its NAME instead of street and number)	ard
Length of residence in city or town where dea		s	ds.
2. FULL NAME William	relson Sherms		
(a) Residence: No. 149 2.	(Usual place of abode)	St, Ward. If nonresident give city or town and State	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male Whits	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annue	1.	22. I HEREBY CERTIFY, That I attended deceased fr The transfer of 1934, to the first saw have since on the first saw have since on the first saw have since on the first saw have some since of the first saw have some some since of the first saw have some some since of the first saw have some since of the first saw have some some since of the first saw have some since of the first saw have some some since of the first saw have	4
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Davs If LESS than	to have occurred on the date stated above, at S. O.A.m.	sald
741 7	2 4/ 1 day,hrs.		
8. Trade, profession, or particular	4 -/ ormin.	were as follows Date of one	set
kind of work done, as SPINNER,	armer Retired	aray-wuray	
SAWYER, BOOKKEEPER, etc	<i>~~~</i>	Caracogasentas	
work was done, as SILK MILL, SAW MILL, BANK, etc		Remar Malan	
Kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc	11. Total time (years) spant in this		
year)	occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Ball (State or country)	To:		
13. NAME William	hirman		
13. NAME William 5		Name of operation	
4 14. BIRTHPLACE (city or town) (State or country)	ranu -		
15. MAIDEN NAME Com anda	Walker	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Om anda 16. BIRTHPLACE (city or town) (State or country)	ion	Accident, suicide, or homicide?	
17. INFORMANT MM: Rusself B. (Address) 14 a M. main	Miller Ind	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
	- County	Manner of Injury	
	Date march 31 , 1934	Nature of injury	
19. UNDERTAKER HBunkary Son) Mad	24. Was disease or injury in any way related to occupation of deceased?	
(Address) Wystminster	11111.	Siend Colored Colored	
20. FILED 70 50 77	word way	(Signed) (Address) (Classification in a classification in a classi	D.
	Registrar/	(Vinite22)	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ì	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------------	---------	------------	----	-----------

1. PLACE OF DEATH	<u> </u>
county Carroll	Registration Dist. No. 724
Village or City Sykesville, Md. Sprin	gfield NState Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
tength of residence in city or town where death occurred 2yrs,	8mos3ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Oscar J. Shriver	
(a) Residence: No. 2104 Homewood Kve., (Usual place of abode)	Baltimore, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the Separated)	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Annie Vollmer	22. I HEREBY CERTIFY, That I attended deceased from July 23 19 31 to March 26 19 34
6. DATE OF BIRTH (month, day, and year) October 4, 189	1 I last saw h 1m alive on March 26 19 34; death is said
7. AGE Years Months Days If LES 1 day, or	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation spent in this occupation was a spent of this occupation.	Brain Neoplasm (Type unknown) Probably non-malignant
12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)	Other Contributory Causes of Importance:
33. NAME William L. Shriver	Post operative Crainotomy
Dolling Wa	Pulmonary tuberculosis Name of operation Crainotomy Date or 3-10-34
14. BIRTHPLACE (city or town) BALTIMORE, MG. (State or country)	What test confirmed diagnosis? All topsy. Was there an au'opsy? Yes
15. MAIDEN NAME Alverta May Young	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT S. S. Hosp. records, (Address) Sykesville, Md.	(Specify city or town, county and Stale) Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL Date Man 78	19.74 Manner of injury Nature of Injury
19. UNDERTAKER V. J. Burges (Address) Callinger and	24. Was disease or injury In any way related to occupation of deceased? MW If so, specify
20, FILED Mar. 26, 19.34 Charry Vice	(Signed) Miles L. Willeld M. D. istrar. Address) S. S. Loveky Sy Misville, Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 3 A. C.	1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1 1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Operated South Baltimore General Hospital. Returned Springfield State Hospital, March 24, 1934. Histological diagnosis will follow as soon as made.

ż

STATE OF MARYLA	AND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 02587
County Carrell	Registration Dist. No.
Village or City	(If death occurred in a horpital or matifotion, give its NAME instead of street and pumber) s
2. FULL NAME Clarie Sink	e se
(a) Residence: No. (Usual place of abode	it nomestating give thy of fown and State
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Society Soci	
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) Quay, 1, 19	12 I HEREBY CERTIFY. That I attanded deceased from 1982, to March 1992; death is said
7. AGE Years Months Days If 1 day,	to have occurred on the data stated above, at 1.5 1.7 1. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc	Ludurculasia of the 1933
12. BIRTHPLACE (city or town) Cumbulant	is X as a second
M 13 NAME - M 1 & 1 / 1	les
(State or country) yargland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL Place Services August 2. Data Mar 2.	Manner of injury
f9. UNDERTAKER / Sylvanile med.	24. Was diseasa or Injury In any way related to occupation of deceased? If so, specify
	Registrar. (Address) Marsalls M. C. M. D.
If more blanks are needed, address Sta	tate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
		Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEDEAU V. S	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-4

PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. properly classified. IS A PERMANEN certificate. WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important. -WRIT m ż

FOR BINDING

MARGIN RESERVED

V. S. No. 1

		STATE	F MARY	LAND-	CERTIFICATE OF DEATH	18
1	1. PLACE OF I				136)	
	CountyC	arroll			Registration Dist. No. 74	
	Village or City_	Springf	ield Sta	te Hospi	taNo. Sykesyille, Md. St., death occurred in a hospital or institution, five its NAME instead of street and number)	Ward
	Length of resident	ce in cily or town where d			6.ds. How long in U.S. if of foreign birth?yrsmos	ds.
	2. FULL NAME	ALBERTA	A TROVIN	GER		
	(a) Residence:	No. 743 Sp	ruce St.	. Hagerst	Ward. Maryland	
_	PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3.	Female 4.	COLOR OR RACE White	5. SINGLE, MARR OR DIVORCED Marr	(write the word)	21. DATE OF DEATH March (Month) (Dev) (Ye	4
5e	HUSBANDOR X HUSBANDOR X (or) WHEE OF X	M. Luther	r Trovin	ger	22. I HEREBY CERTIFY, That I attended deceased February 14, 19 34to March 20, 19	1
6.	DATE OF BIRTH (mor	nth, day, and yeer)	July 12.	1868	Hast saw h. er alive on March 20, 19 34 death	
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
	65	8	8	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	fonset
OCCUPATION	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER BOOKKEFERE etc.			and	Septic Fever (undetermined	
	SAWYER, BOOKKEEPER, etc. 1. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 1. Industry or business in which work was done, es SILK MILL, housework saw MILL, bank, etc.			************	origin)	2
000	10. Date deceased in this occupetion year)	ast worked et	11. Total tip spen occu	me (years) t in this pation48		
12	2. BIRTHPLACE (city or (State or country)		and		Other Contributory Causes of importance: Undiagnosed Psychosis (Agitated delirium)	2
ER	13. NAME Da	niel H. Wo	olfinger		inglie ceu delli ludi	£
FATHER	14. BIRTHPLACE (ci (State or cou	17 9	Land		Name of operationClinicalDate ofWhat test confirmed diagnosis?Symptoms Was there an autopsy?	No
ER	15. MAIDEN NAME	Susan Zer	ntmyer		23. If death was due to external ceuses (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (ci	ty or town)	and		Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	
17	7. INFORMANT Sp (Address)	ringfield Sykesvill		osp.reco	(Specify city or town, county and State) (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	B. BURIAL, CREMATION		Dete Mar	1.22,1934	Manner of Injury	
19	B. UNDERTAKER (Address)	It Kra	Enver	ma.	24. Was disease or injury in any way related to occupation of deceased?	
20	o. FILED Man	20, 1934 CS	Yarry D.	tue	(Signed) No. F. Baer, (Address) Sylkesville, Marylan	_M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN Patient was admitted 2-14-34 with elevation of temperature and

increased leucocyte count.

Laboratory and X-ray studies were not diagnostic and permit for autopsy was refused by family.

	ا نه،	STATE OF MARYLAND—C	CERTIFICATE OF DEATH
	state UPA.	1. PLACE OF DEATH	(R6·a)
	of ild	County Carroll	Registration Dist. No.
M	show of O	Village or City Manufistered (If d	NoSt.,Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
171	t S i	Length of residence in city of town where death occurred & Cyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
	Every MANS ement	2. FULL NAME Oflinam Watson	1 uniel
	D. E. SICI.	(a) Residence: No.	St., Ward. If nonresident give city or town and State
	t/H	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	REC. Exact	3. SEX / 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
		Male While Pridown	(Monthy (Day) 1933 4
BINDING	ACT Jassified	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY, That I attended deceased from
Z	X A A class	Wingaret Jane Miller	Hast saw h Lan elive on McLy J. 1934 death is seid
BI	E E	6. DATE OF BIRTH (month, day, and yeer)	to have occurred on the date stated above 2350. m.
FOR	IS A PE stated E properly certificate	7. AGE Years Month Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance wife as follows:
F	70	8. Trade profession or perticular	Impaglia tracline of
ED	HIS be be of	kind of work done, as SPINNER CLUCK	nich VI + Emm. 1 2/7/34
RESERVED	hould may back	SAWYER, BOOKKEPER, etc	1
EB	sho	SAW MILL, BANK, etc	
ES	IN IN IN IN IN IN IN IN IN IN IN IN IN I	this occupation (month and 1914 spant in this occupation the spant in this occupation to the spant in the spa	
R	NG AG th ion	Monal of de	Offier Contributory Causes of importance:
Z	J. S. S. uct	12. BIRTHPLACE (city or town) why we will be composed to the c	Course Constitution of the
ARGIN	NFADING plied. AGI	13. NAME real : COLI JASTICE	
IA	Uning ten	13. NAME acob Of survey 14. BIRTHPLACE (city or town) Julygous:	Name of operation
1	H THE	(State or country) Maryland	What test confirmed diagnosis?
	E E E	# 15. MAIDEN NAME Refrecal Myerray	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
	INLY, W be careft EATH in important	16. BIRTHPLACE (city or town) Tandfale and (State or country)	Accident, suicide, or homicide acceptant. Date of injury tel. 7, 1934.
	ATT.	(State or country) Maryland	Where did injury occur? Lisa Duck from Tull on the (Specify key or town, county and State)
		17. INFORMANT afforms and and and and and and and and and and	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
	7 10	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Fall use sce
	G . E	Place I tampsleed Med Date March 1, 1934	Nature of injury and cocled tracture, neck of times
-	-WRITH mation S CAUSE TION is	19. UNDERTAKER See Clifolon	24. Wes disease or injury in any way related to occupation of deceased? 5. No.
Zo.	B P	(Address) Sample of Mil	(Signed) Haw M. Bush M. D. M. D.
C/S	z U	20. FILED March 6, 1934 milded 1. Stuglies	(Address) Manufisland, Mil.
			2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the state of t	Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AL	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
300000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH

02590

1. PLACE OF DEATH		Mar	0	Tuberculosis Sanatorium 74	
County Carroll Village or City Henryt	on Mar	rvlad	Go-1-6	ored Branch Registration Dist. No.	141
Village or City	011 9 14101		(1)	No. St., f death occurred in a horpital or institution, give its NAME instead of street and n	umher)
Length of residence in city or town wi			yrs. O mos	s. 18 ds How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Rudolp	h Turne	er			
(a) Residence: No. Chest				Marylandward.	
		alplace of a		If nonresident give city or town and	State
PERSONAL AND STAT				MEDICAL CERTIFICATE OF DEATH	
Male Colored		VORCED (D, W1DOWED, write the word)	21. DATE OF DEATH March 21, 1934.	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. HEREBY CERTIFY, That I attended of March 3, 1933	leceased from
6. DATE OF BIRTH (month, day, end year)	Aug.,	20, 1	925		; death is said
7. AGE Years Month	Da Da	ays	If LESS than	to have occurred on the date stated above, at 6.30 m. M.	
8 7	1		l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Schol			Pulmonary Tuberculosis	Care
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and					1931
10. Dato deceased last worked at this occupation (month and year)	11. U	. Total time n kokinga	(years) n this		
The BIRTHELACE (city of town) Ches	tertown yland.	n		Other Centributory Causes of importance:	
E 13, NAME Charles	Turner				
HE 13. NAME CHAPTES 14. BIRTHPLACE (city or town) NATY	??? land.			Name of operation Date of	72
		n		What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME GETTUG 16. BIRTHPLACE (city or town) MATY (State or country)	???? land.			23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Where did injury occur?	, 19
17. INFORMANT John E. O (Address) Henryto	'Neill			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	
18. BURIAL, CREMATION, OR REMOVAL Place Chester January	my mod Date	4/22	, 19 34	Manner of Injury	
19. UNOERTAKER 17. 14. (Address) 5 7 8 W	nslei	1	+	24. Was disease or injury in any way related to occupation of deceased?	ho
20. FILED 3/21/34, 19	das/C	80	Registrar.	(Signed) Mul Concern (Address)	Eu m. D.
		needed, add	ress State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 5 1934		1		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	STATE OF MARYLAND—C	CERTIFICATE OF DEATH
		ulosis Sanatorium 02591
	County Carroll Colored I	Branch (23) Registration Dist. No. 74
	Willege or City Henryton, Maryland.	No. (above) St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number) 17 ds. How long in U.S. if of foreign birth?
	2. FULL NAME Florence Virginia Walker	
	(a) Residence: No. 178 Chestnut St., Annapo	olas, Mdward.
	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
_	PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
3.	Female 4. color or race 5. Single, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced	March 1, 1934 , 193 (Month) (Day) (Year)
5a	. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
	(or) WIFE of Sommerville Chew	Jan., 12, 1934, Mar., 1, 1934
	DATE OF BIRTH (month, day, and year) July 17, 1886	last saw her alive on Mar. 1, 1934, 19 ; death is said
- 11	AGE Years Months Days If LESS than	to have occurred on the date statad above, at 7 . 00 P. M.
	47 7 12 1day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:
	Trade profession or particular	Pulmonary Tuberculosis
5 0	kind of work done, as SPINNER, Domestic	
ack JPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown	Apr.
OCCUPATION	10.) Date deceased last worked at this occupation (month and Unknown yaar) 11. Total time (years) spent in this occupation occupation occupation.	3 0 0 0
- 11 -	this occupation (month and Unknown spent in the nknown yaar) spent in the nknown	Other Coutributory Causes of importance:
Instructions	z. BIRTHPLACE (city or town) Annapolis	Other Controller Causes of Importance.
ruc	(State or country) Maryland	
nst ER	13. NAME Thomas Walker	
See Inst	14. BIRTHPLACE (city or town) Unknown	Name of operation Date of
-	(State of Country) Maria y Laria	What test confirmed diagnosis? Was there an autopsy?
nt.	15. MAIDEN NAME Rachel Campmile	23. If death was due to external causes (VIOLENCE) fill in also the following:
ortant.	16, BIRTHPLACE (city or town) Unknown	Accident, sulcide, or homicide?
important.	(diate of county)	Where did injury occur? (Specify city or town, county and State)
1	7. INFORMANT John E. O'Neill, M. D. (Address) Henryton, Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
1	8. BURIAL, CREMATION, OR BEMORAL Medo Date Mars. 4 1934	Manner of injury
	Date Date 1934	Nature of Injury.
NOIL 1	9. UNDERTAKER John M. Jaylor	24. Was disease or injury in any way related to occupation of deceased?
_	(Address) Turnfyolia Md.	If so, specify
-) 2	10. FILED 3/1/34, 19 Jun 6. Mell.	(Signed) Thu D. Gette M. D. (Address) Tengaton Tue
	Deputy Local Registrar. If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributive causes of importance, name other important diseases or injuries. Examples:

Example	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5 1927	Peritonitis	3 days ago
7	(2)		
Other contributory causes of importance:	1	Other contributory causes of importance:	HIV H
Gallstones	May 1,1923	Gastroenteritis	1 year
		•======================================	

3	No.	

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis -	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AFR N. 1913				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
g., s.				

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMANEN MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. -WRIT V. S. No. 1 ä

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	48 1
County Carroll	Registration Dist. No. 14
Village or City Holewille	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mangel M. Name	eV
(a) Residence: Np. Flohwille Mil.	St., Ward.
(Usual place of abode)	If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 1 38
5a. If marriad, widowad, or divorcad	(Month) (Day) (Yest)
HUSBAND of Cor WIFE of Mew. N. Hames	22. May 1 HEREBY CERTIFY. That I attended decased from
6. DATE OF BIRTH (month, day, and year) Fell 210 1862	I last saw h. A alive on Feet 7 8 , 1934; death is said
6. DATE OF BIRTH (month, day, and yaar) + 6 20 / 6 6 / 7. AGE Yaars Months Days If LESS than	to have occurred on the date statad abova, at 10 200 mm
47 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows: 2 Date of onest
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	the a tree Consular
9 Industry or husingss in which	A Co
work was dona, as SILK MILL, SAW MILL, BANK, atc	From Maligueur
1D. Data dacaasad last workad at this occupation (month and spent in this	a simonea o the Mintel
year) occupation	Othar Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Othar Contributory Canses of Importance.
(State or country)	
13. NAME Calvin Veller	
13. NAME Calvin Weller 14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
(Stata or country)	What test confirmed diagnosis? Was there an au'opsy? 20
# 15. MAIDEN NAME - Favorite	23, If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury19
O 16. BIRTHPLACE (city or town)	Whara did injury occur?
Y d/ Vienness	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) Supersille Med.	System of the state of the stat
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Flatermont Md. Data Mar. 3, 1934	Natura of injury
V la h	la n
19. UNDERTAKER / LILL YSALL (Addrass) Surgestible Mil	24. Was disaase or injury In any way ralatad to occupation of decaased?
(nuurass) guynaaritta maa	(Signad) A assell S. Merkels M. D.
20. FILED/Kan. 2 , 1934 Havy / Sel	(Addrass) Interofelle rud
Kegisirar,	(Violation)

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		-		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	14-1-24	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN	V
------------------------------	------------	----	-----------	---

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

Was there an autopsy?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributers concerns of in-	
G 14		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1350	
Registration Dist. No. 76	
No. (2) 7 Neglester St.,	Ward
death occurred in a horbital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
yrsm	osds.
Justing	
/_St., / Ward.	
If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	EL.
(Month) (Day)	(Year)
22. I HEREBY CERTIEV That Lattended	
Ces. 2nd 1933 to Law 194	- 4-
, 10	, 19. 7.
to have occurred on the date stated above, at 9 1 m.	_; death is said
The PRINCIPAL CAUSE OF DEATH and related causes of Importence	
were as follows:	Date of onset
Cherin Myocardelis	alons
<i>Q</i>	3300
	-
,	
Other Contributory Causes of importance:	
Terre.	
Name of operation Dete of	
What test confirmed diagnosis? Climing Was there an a	
23. If death was due to external causes (VIOLENCE) fill In elso the following	
Accident, suicide, or homicide? Date of injury	, 19
Where did Injury occur?(Specify city or town, county and State	
Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ACE.
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	240
If so, specify	
(Signed) CLBully le	M. D.
(Address) West Lite,	Jud.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1914			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be MINLY, -WRITE V. S. No. 1

B

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- $ -$
County Carrall	Registration Dist. No. 70
Village or City Janey town	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,fnos.	
(a Himselin	ne
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAT / H 193 45 (Year)
ia. If married, widowed or directed	
HUSBAND of Or Place 6. Kling	22. HEREBY CERTIFY, That I attended deceased from
20/21/1/2/1	1937, 1937,
DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 1.30 P.m.
72 10 Lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Har Empru a of Month Han
9. Industry or business in which	0 1 1 1 1 1 0
work was done, as SILK MILL, SAW MILL, BANK, etc.	Primary on inside of cheek, from
	ent to tooth cura Duration : 3 or 14 years
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	Cancer spread from his cheek to his jaw,
(State of Country)	then to his tongue , eating away nearly the
13. NAM dely fingline	whole side of his face.
13. NAM JUN JUNGLING 14. BIRTHPLACE (city of them)	Name of operation Morra. Scadium treatment, Date of 1933.
(State of Country)	What test confirmed diegnosis? Was there an au'opsy? 700
15. MAIOEN NAHAOCHEL M. Flickingle 16. BIRTHPLACE (city or town). (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT MAY SHAW GREENS	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
LA BUHAL, CREMATION, OR REMOVAL	Manner of injury
Lefflamed Danyloun Oate Max. 14.1834	Nature of Injury
10 HOPETANER SO ESTANA VANO	24. Was disease or injury in any way related to occupation of deceased?
19. UVDERTAKER (Address) an Intum W.	If so, specify
20, FILEO Mar. 13, 134 Ethel M. Mehing	(Signed) 6 M 1 Bessuler M.
Local Registraf.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.,

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year